2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 06, 2004 08:00 AM DOGUMENT # 100751 **Secretary of State** 1. Entity Name STEPHENSON-NELSON FUNERAL HOME, INC. Principal Place of Business Mailing Address P.O. BOX 193 P.O. BOX 193 SEBRING FL 33871-7193 SEBRING FL 33871-7193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1144010 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NELSON, C.T. Street Address (P.O. Box Number is Not Acceptable) 2850 LAKE LETTA DRIVE **AVON PARK FL 33825** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ۷D ☐ Change Addition 🔲 TITLE ☐ Delete ITTI E STEPHENSON, G B NAME NAME U00000038167 02/06/04-80128-009 150.00 2301 LOST BALL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING, FL 00000 TITLE ST ☐ Delete TITLE ☐ Change Addition NELSON, B.J. NAME NAME STREET ADDRESS 2850 LAKE LETTA DR. STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition Addition NELSON, CT NAME STREET ADDRESS STREET ADORESS 2850 LAKE LETTA DRIVE CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP Addition TITLE ☐ Deiete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

G.D. JREDNEWSON

FILED

Daytime Phone #