

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 100751

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** STEPHENSON-NELSON FUNERAL HOME, INC.

**Current Principal Place of Business:**

P.O. BOX 193  
SEBRING, FL 338717193

**New Principal Place of Business:**

4001 SEBRING PARKWAY  
SEBRING, FL 33870

**Current Mailing Address:**

P.O. BOX 193  
SEBRING, FL 338717193

**New Mailing Address:**

P.O. BOX 193  
SEBRING, FL 338710193

**FEI Number:** 59-1144010      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, C T  
4001 SEBRING PARKWAY  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: STEPHENSON, G B,  
Address: 2301 LOST BALL DRIVE  
City-St-Zip: SEBRING, FL 00000,

Title: T ( ) Delete  
Name: NELSON, B.J.,  
Address: 4001 SEBRING PARKWAY  
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete  
Name: NELSON, C T,  
Address: 4001 SEBRING PARKWAY  
City-St-Zip: SEBRING, FL 33870

Title: S ( ) Delete  
Name: NELSON, CRAIG  
Address: 4001 SEBRING PKWY  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.T. NELSON

PD

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date