

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 100751

FILED  
Feb 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4001 SEBRING PARKWAY  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 193  
SEBRING, FL 33871 US

**New Mailing Address:**

**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:**

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

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: CHRIS T. NELSON

02/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: SMITH, TIFFANY N  
Address: 4001 SEBRING PARKWAY  
City-St-Zip: SEBRING, FL 33870 US

Title: T  
Name: NELSON, BRENDA J  
Address: 4001 SEBRING PARKWAY  
City-St-Zip: SEBRING, FL 33870 US

Title: P  
Name: NELSON, CHRIS T  
Address: 4001 SEBRING PARKWAY  
City-St-Zip: SEBRING, FL 33870 US

Title: V  
Name: NELSON, CRAIG M  
Address: 4001 SEBRING PKWY  
City-St-Zip: SEBRING, FL 33870 US

I hereby 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 all other like empowered.

SIGNATURE: CRAIG M. NELSON

V

02/21/2012

Electronic Signature of Signing Officer or Director

Date