


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90002 008 \*\*\*150.00

<b>DOCUMENT # 600212</b>					
1. Entity Name STEPHENSON-NELSON FUNERAL HOME OF AVON PARK, INC.					
Principal Place of Business P.O. BOX 193 SEBRING, FL 33871		Mailing Address P.O. BOX 193 SEBRING, FL 33871			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1059068	
Zip		Zip		Country	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable		01222004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON, C T 2850 LAKE LETTA DRIVE 10 AVON PARK, FL 33825			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, G B		NAME	TIFFANY SMITH	
STREET ADDRESS	2301 LOST BALL DRIVE		STREET ADDRESS	4001 SEBRING PKWY	
CITY- ST- ZIP	SEBRING, FL		CITY- ST- ZIP	AVON PARK, FL SEBRING, FL 33870	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, B.		NAME	NELSON, B	
STREET ADDRESS	2850 LAKE LETTA DRIVE		STREET ADDRESS	2850 LAKE LETTA DR	
CITY- ST- ZIP	AVON PARK, FL		CITY- ST- ZIP	AVON PARK, FL 33825	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, C T		NAME		
STREET ADDRESS	2850 LAKE LETTA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	AVON PARK, FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(c), 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 changed, or on an attachment with an address, with all other persons empowered.					
SIGNATURE: 		C.T. NELSON		1-28-2004 863-585-0125	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	