

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-08-2005 90018 007 ***150.00

DOCUMENT # 600212
 1. Entity Name
STEPHENSON-NELSON FUNERAL HOME OF AVON PARK, INC.



Principal Place of Business Mailing Address
 P.O. BOX 193 P.O. BOX 193
 SEBRING FL 33871 SEBRING FL 33871

66004376



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
111 E. CIRCLE ST *P.O. Box 193*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Avon Park, FL *SEBRING, FL*
 Zip Country Zip Country
33825 *HIGHLANDS* *33871* *HIGHLANDS*

4. FEI Number Applied For
59-1059068 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NELSON, C T
2850 LAKE LETTA DRIVE
10
AVON PARK FL 33825

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4001 SEBRING PARKWAY
 City State Zip Code
SEBRING **FL** *33870*

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, TIFFANY 4001 SEBRING PKWY SEBRING FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, B. 2850 LAKE LETTA DRIVE SEBRING FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, C T 2850 LAKE LETTA DRIVE AVON PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: _____ *3-7-05* *863 385-0125*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #