


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 111 E CIRCLE ST      P.O. BOX 193  
 AVON PARK, FL 33825      SEBRING, FL 33871



**WRITE IN THIS SPACE**

01102007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1059068</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**WRITE IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, TIFFANY 4001 SEBRING PKWY SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, B 4001 SEBRING PARKWAY SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, C T 4001 SEBRING PARKWAY SEBRING, FL 33870
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UN0000586457  
 01/16/07-80054-006 150.00

**WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **C.T. NELSON** *Pres*      Date: **1/1/07**      Day/Time Phone #: **863 385-0125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #