


FILED
May 10, 2004 8:00 am
Secretary of State

04-12-2004 90548 001 ***450.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063386
 1. Entity Name
BRINSON'S FUNERAL HOME OF ORLANDO, INC.



Principal Place of Business Mailing Address
219 LIME AVE **219 LIME AVE**
ORLANDO, FL 32805 **ORLANDO, FL 32805**

66420453



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
01-0716265 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HICKS, REGINALD
219 LIME AVE
ORLANDO, FL 32805

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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: **4-06-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

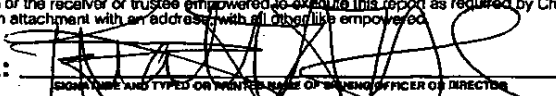
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | HICKS, REGINALD D |
| STREET ADDRESS | 219 LIME AVE |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | D |
| NAME | JACKSON, ARTHUR |
| STREET ADDRESS | 7766 BARDMOOR HILL CIR |
| CITY-ST-ZIP | ORLANDO, FL 32835 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 employees.

SIGNATURE:  Date: **4-20-04** Daytime Phone #: **407-422-5758**

Signature and typed or printed name of signing officer or director