


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-10-2004 90004 037 ***150.00

DOCUMENT # 124407	
1. Entity Name MILAM FUNERAL HOME, INC.	

Principal Place of Business 311 SOUTH MAIN STREET GAINESVILLE FL 32601 US	Mailing Address 311 SOUTH MAIN STREET GAINESVILLE FL 32601 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 59-0312320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM, MARCUS III 311 SOUTH MAIN STREET GAINESVILLE FL 32602	
7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILAM, MARCUS A. III		NAME MILAM, ASHLEY L.	
STREET ADDRESS 5308 N.W. 14TH AVENUE		STREET ADDRESS 311 S. MAIN STREET	
CITY-ST-ZIP GAINESVILLE FL 32605		CITY-ST-ZIP GAINESVILLE, FL. 32601	
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILAM, MARY KATHRYN		NAME MILAM, ASHLEY L.	
STREET ADDRESS 5308 N.W. 14TH AVENUE		STREET ADDRESS 311 S. MAIN STREET	
CITY-ST-ZIP GAINESVILLE FL 32605		CITY-ST-ZIP GAINESVILLE, FL. 32601	
TITLE VD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILAN, ASHLEY L.		NAME MILAM, ASHLEY L.	
STREET ADDRESS 311 S MAIN STREET		STREET ADDRESS 311 S. MAIN STREET	
CITY-ST-ZIP GAINESVILLE FL 32601		CITY-ST-ZIP GAINESVILLE, FL. 32601	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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)(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: *Marcus A. Milam, Pres.* **2/6/2004** **(352) 376-5361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #