2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 100751 * NSON-NELSON FUNERAL	0.	2-19-2008 91	0027 003 ***150	.00			
Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	1			
P.O. BOX 19		P.O. BOX 193 SEBRING, FL 33871-7193						
					1 10 7 10 1 12 10 10 10 10 10 10 10 10 10 10 10 10 10			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 59-11440	10	 	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent	1		7. Name and Ad	dress of New Re		<u>u</u>
NEI CON	O.T.			Name				
NELSON, C T 4001 SEBRING PARKWAY SEBRING, FL 33870				Street Address (P.O. Box Number is Not Acceptable)				
							•	
				City			FL Zip Cod	9
8. The above the obligat	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both, in	n the State of Flor	rida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOT)	E: Registere	d Agent signature require	d when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai Trust Fund Cont		· _ ••	.00 May Be ded to Fees			
10.	OFFICERS AND		11.	•	ADDITIONS/CH	ANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME	VD STEPHENSON, G B	☐ Delete	TITLE				☐ Change	■ Addition
STREET ADDRESS	2301 LOST BALL DRIVE		1	ET ADDRESS				
CITY-ST-ZIP			21110	CI PODIKOG				
	SEBRING, FL 00000,			-ST-ZIP				
TITLE	ST	☐ Delate		-ST-ZIP			∑ Change	☐ Addition
NAME	ST NELSON, B.J.	☐ Delete	CITY- TITLE NAMI	-ST-ZIP	SON, 8.J.	Den -	∭ Change	☐ Addition
	ST NELSON, B.J. 4001 SEBRING PARKWAY	☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP T E NEL ET ADDRESS 400	SON, B.J. J JEBBNG PIOR EL S	PKNG RF670	Change	☐ Addition
NAME STREET ADDRESS	ST NELSON, B.J.	☐ Delete	CITY- TITLE NAMI STRE	ST-ZIP T E ADDRESS -ST-ZIP SEA	SON, B.J. 1 JEBBNG UNB, FL 3	PKN9 13670		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST NELSON, B.J. 4001 SEBRING PARKWAY SEBRING, FL 33870 PD NELSON, C T		CITY- TITLE NAMI STRE CITY	ST-ZIP T ANE L ET ADDRESS -ST-ZIP SAA	SON, B.J. 1 JEBBNG UNB, FL 3	PKWG BBTO	Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NELSON, B.J. 4001 SEBRING PARKWAY SEBRING, FL 33870 PD NELSON, C T	☐ Delete	CITY- TITLE NAMI STRE CITY TITLE NAMI - STRE CITY-	ST-ZIP T NE L 400 ST-ZIP E E E F F F F F F F F F F	SON, B.J. 1 JEBBNG UNB, FL 3	PKW9 3670	☐ Change	Addition
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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 the like empowered.

SIGNATURE: _<