

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90235 001 \*5,250.00

<b>DOCUMENT # 103956</b>	
1. Entity Name <b>WALSH &amp; WOOD FUNERAL HOME, INC.</b>	

Principal Place of Business <b>7140 ABBOTT AVE. MIAMI BEACH FL 33141</b>	Mailing Address <b>ATTN : SALT PO BOX 11250 NEW ORLEANS LA 70181-1250 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0614284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CT CORPORATION SYSTEM 1200 PINE ISLAND RD PLANATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS</b> <b>ROMANACH, GABRIEL</b> <b>8200 SW 40TH STREET</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>HEFFRON, BRENT F</b> <b>1201 S ORLANDO AVE, SUITE 365</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROWE, WILLIAM</b> <b>110 VETERANS MEM BLVD</b> <b>METARIE LA 70005</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>TRAHAN, LORALICE A</b> <b>110 VETERAN MEMBLVBD</b> <b>METARIE LA 70005</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD</b> <b>BUDDE, KENNETH C</b> <b>110 VETERANS MEMORIAL BLVD</b> <b>METAIRIE LA 70005</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>FRIOU, THOMAS H</b> <b>1201 S ORLANDO AVE, #365</b> <b>WINTER PARK FL 32789</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED LIST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**  **Michael G. Hymel, Vice President** *4/23/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

66015342  
#103956

**WALSH & WOOD FUNERAL HOME, INC.**

**Officer Names and Addresses**

Gabriel E. Romanach	President/Asst Secretary	8200 SW 40 <sup>th</sup> Street, Miami, FL 33155
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Michael G. Hymel	Vice President	1333 S. Clearview Parkway, Jefferson, LA 70121
Thomas H. Friou	Secretary/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Vice President	1333 S. Clearview Parkway, Jefferson, LA 70121
Thomas M. Kitchen	Asst Sec/Asst Treas	1333 S. Clearview Parkway, Jefferson, LA 70121

**Director Names and Addresses**

Thomas M. Kitchen	Director	1333 S. Clearview Parkway, Jefferson, LA 70121
Kenneth C. Budde	Director	1333 S. Clearview Parkway, Jefferson, LA 70121
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789