


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 050 ***150.00

DOCUMENT # 128145

1. Entity Name
GEORGE H. HEWELL AND SON FUNERAL HOMES, INC.



Principal Place of Business Mailing Address
4747 MAIN ST. **4747 MAIN ST**
JACKSONVILLE, FL 32206-1439 **JACKSONVILLE, FL 32206-1439**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01282005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0317540 Not Applicable

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



6. Name and Address of Current Registered Agent

HEWELL, GEORGE H
4747 MAIN STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name
Hewell II, George H

Street Address (P.O. Box Number is Not Acceptable)
4140 S University Blvd

City State Zip Code
Jacksonville FL 32216

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 X George H. Hewell II *[Signature]* January 28, 2005

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWELL, GEORGE H			NAME	Hewell II, George H.		
STREET ADDRESS	7017 CRANE AVE			STREET ADDRESS	7844 Feather Oaks Dr		
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	Jacksonville, FL 32277		
TITLE	SDV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWELL II, GEORGE H			NAME			
STREET ADDRESS	7844 FEATHER OAKS DR			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWELL, GEORGE H II			NAME			
STREET ADDRESS	7844 FEATHER OAKS			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEWELL, GEORGE H			NAME	Hewell II, George H		
STREET ADDRESS	7017 CRANE AVENUE			STREET ADDRESS	7844 Feather Oaks Dr		
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	Jacksonville, FL		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 files empowered.

SIGNATURE: X George H. Hewell II *[Signature]* January 28, 2005 *904-732-4855*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #