


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 207982</b> 1. Entity Name SCI FUNERAL SERVICES OF FLORIDA, INC.		
Principal Place of Business 7077 BONNEVAR RD #450 JACKSONVILLE, FL 32216 US		Mailing Address 1929 ALLEN PKWY HOUSTON, TX 77019 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1929 Allen Pkwy</i> Suite, Apt. #, etc. <i>9th floor, Tax Dept.</i>
City & State Zip		City & State <i>Houston, TX 77019</i> Zip
4. FEI Number 59-0818059		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: USELTON, MICHAEL <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1929 ALLEN PARKWAY CITY-ST-ZIP: HOUSTON, TX 77019	TITLE: P NAME: NOBLE L LONGINO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 1929 ALLEN PARKWAY CITY-ST-ZIP: HOUSTON TX 77019	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500055972865 STREET ADDRESS: 06/09/05--01038--009 **\$550.00 CITY-ST-ZIP:
TITLE: VP NAME: TIMOTHY J. CLAIBORNE <input type="checkbox"/> Delete STREET ADDRESS: 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP: HOUSTON, TX	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500055972865 STREET ADDRESS: 06/09/05--01038--010 **\$8.75 CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: GIPSON, RAY A <input type="checkbox"/> Delete STREET ADDRESS: 1929 ALLEN PKWY CITY-ST-ZIP: HOUSTON, TX 77019	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: LORING, HARRIS E III <input type="checkbox"/> Delete STREET ADDRESS: 1929 ALLAN PKWY CITY-ST-ZIP: HOUSTON, TX 77019	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: MARSHALL, JUDITH <input type="checkbox"/> Delete STREET ADDRESS: 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP: HOUSTON, TX 77015	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: USELTON, MICHAEL <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1929 ALLEN PKWY., 9TH FLOOR CITY-ST-ZIP: HOUSTON, TX 77019	TITLE: D NAME: SUSAN L BARRETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 1929 ALLEN PARKWAY CITY-ST-ZIP: HOUSTON TX 77019	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 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: <i>Judith M. Marshall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SECRETARY 05-24-05 713-522-5141 <small>Date Daytime Phone #</small>

FILED

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SECRETARY  
TALLAHASSEE, FLORIDA




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