



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 207982 1. Entity Name SCI FUNERAL SERVICES OF FLORIDA, INC.						FILED 05 MAY 25 PM 4:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		3. Mailing Address 1929 Allen Pkwy					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9th floor, Tax Dept.					
City & State		City & State Houston, TX 77019					
Zip	Country	Zip	Country				
4. FEI Number 59-0818059				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P USELTON, MICHAEL 1929 ALLEN PARKWAY HOUSTON, TX 77019			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOBLE L LONGINO 1929 ALLEN PARKWAY HOUSTON TX 77019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TIMOTHY J. CLAIBORNE 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500055972865 06/09/05--01038--009 **\$550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIPSON, RAY A 1929 ALLEN PKWY HOUSTON, TX 77019			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500055972865 06/09/05--01038--010 **\$8.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LORING, HARRIS E III 1929 ALLEN PKWY HOUSTON, TX 77019			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARSHALL, JUDITH 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77015			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D USELTON, MICHAEL 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77019			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSAN L GARRETT 1929 ALLEN PARKWAY HOUSTON TX 77019	
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>	