


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 032 \*\*\*150.00

**DOCUMENT # 207982**

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, 9TH FLOOR**  
**TAX DEPT.**  
**HOUSTON, TX 77019 US**

**50009173**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02132006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
**59-0818059**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$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

I, 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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                      | P                           | <input type="checkbox"/> Delete            |  | TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | NOBLE, L. LONGINO           |  |  | NAME  |                    |  |  |
| STREET ADDRESS             | 1929 ALLEN PARKWAY          |  |  | STREET ADDRESS  |                    |  |  |
| CITY-ST-ZIP                | HOUSTON, TX 77019           |  |  | CITY-ST-ZIP   |                    |  |  |
| TITLE                      | VP                          | <input type="checkbox"/> Delete            |  | TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | TIMOTHY J. CLAIBORNE        |  |  | NAME  |                    |  |  |
| STREET ADDRESS             | 1929 ALLEN PKWY., 9TH FLOOR |  |  | STREET ADDRESS  |                    |  |  |
| CITY-ST-ZIP                | HOUSTON, TX                 |  |  | CITY-ST-ZIP   |                    |  |  |
| TITLE                      | VP                          | <input type="checkbox"/> Delete            |  | TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | GIPSON, RAY A               |  |  | NAME  |                    |  |  |
| STREET ADDRESS             | 1929 ALLEN PKWY             |  |  | STREET ADDRESS  |                    |  |  |
| CITY-ST-ZIP                | HOUSTON, TX 77019           |  |  | CITY-ST-ZIP   |                    |  |  |
| TITLE                      | T                           | <input checked="" type="checkbox"/> Delete |  | TITLE   | T                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | LORING, HARRIS E III        |  |  | NAME  | MARK EVANS         |  |  |
| STREET ADDRESS             | 1929 ALLEN PKWY             |  |  | STREET ADDRESS  | 1929 ALLEN PARKWAY |  |  |
| CITY-ST-ZIP                | HOUSTON, TX 77019           |  |  | CITY-ST-ZIP   | HOUSTON TX 77019   |  |  |
| TITLE                      | S                           | <input type="checkbox"/> Delete            |  | TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | MARSHALL, JUDITH            |  |  | NAME  |                    |  |  |
| STREET ADDRESS             | 1929 ALLEN PKWY., 9TH FLOOR |  |  | STREET ADDRESS  |                    |  |  |
| CITY-ST-ZIP                | HOUSTON, TX 77015           |  |  | CITY-ST-ZIP   |                    |  |  |
| TITLE                      | D                           | <input type="checkbox"/> Delete            |  | TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | GARRETT, SUSAN L            |  |  | NAME  |                    |  |  |
| STREET ADDRESS             | 1929 ALLEN PKWY., 9TH FLOOR |  |  | STREET ADDRESS  |                    |  |  |
| CITY-ST-ZIP                | HOUSTON, TX 77019           |  |  | CITY-ST-ZIP   |                    |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARK EVANS **TREASURER** 3/28/06 713-522-5141  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #