
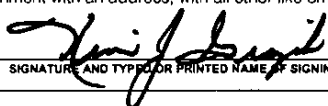


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90189 009 \*\*\*150.00

<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, 9TH FLOOR TAX DEPT. HOUSTON, TX 77019 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-0818059		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input 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		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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	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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS, MARK		NAME	Kevin J. Brajek		
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: 		Treasurer		4/26/07 713-522-5141		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		