


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90025 008 ***150.00

DOCUMENT # 317162
 1. Entity Name
FUNERAL SERVICES, INC.



Principal Place of Business
**1200 THOMASVILLE RD.
 TALLAHASSEE, FL 32303**


Mailing Address
**P.O. BOX 13407
 TALLAHASSEE, FL 32317**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

40012000



04162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**WILLIAMS, WILLIAM H JR.
 1200 THOMASVILLE RD.
 TALLAHASSEE, FL 32303**

4. FEI Number
59-1205307

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD TOALE, DAVID V 2918 AVE. E. HOLMES BEACH, FL 342181985 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB QUATTLEBAUM, EARL 1201 S. OLIVE AVE. WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD IRWIN, HARRIET 1200 THOMASVILLE ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGGS, ASHLEY P 301 N. ORANGE STREET MADISON, FL 32340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, JOANNE H 167 VINING COURT ORMOND BEACH, FL 321766642 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEY, DAVID P 265 SOUTH NOKOMIS AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ATTACHMENT 40071319

2008 For Profit Corporation Annual Report

2nd Page of 2008 Annual Report

DOCUMENT #

317162

1. Entity Name:

Funeral Services, Inc.

2. Principal Place of Business:

1200 Thomasville Road
Tallahassee, FL 32303

3. Mailing Address:

P.O. Box 13407
Tallahassee, FL 32317

4. FEI Number:

59-1205307

6. Name and Address of Current Registered Agent:

Williams, William H. Jr.
1200 Thomasville Road
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

Name	Address	City	State	Zip
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12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES & DIRECTORS IN 12

Title	P/D	<input type="checkbox"/> DELETE
Name	William H. Williams, Jr.	
St. Address	1200 Thomasville Road	
City-St-Zip	Tallahassee, FL 32303	

Title	VCBOD/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name			
St. Address			
City-St-Zip			

Title	D	<input type="checkbox"/> DELETE
Name	Dolores Garcia	
St. Address	100 South Ashley Drive, FL4015 Ste 1000	
City-St-Zip	Tampa, FL 33602	

Title		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Name			
St. Address	1620 Leeds Castle Drive		
City-St-Zip	Vienna, VA 22182		

Title	D	<input type="checkbox"/> DELETE
Name	Andrew J. Hafer	
St. Address	2407 South Dundee Street	
City-St-Zip	Tampa, FL 33629	

Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name			
St. Address			
City-St-Zip			

Title	D	<input checked="" type="checkbox"/> DELETE
Name	Judith Ralph	
St. Address	7001 Northwest 4th Street	
City-St-Zip	Plantation, FL 33317	

Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name			
St. Address			
City-St-Zip			

Title	D	<input type="checkbox"/> DELETE
Name	Kenneth L. Roberson	
St. Address	2151 Tamiami Trail	
City-St-Zip	Port Charlotte, FL 33948	

Title		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Name			
St. Address			
City-St-Zip			