

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600070

FILED
Mar 20, 2008
Secretary of State

Entity Name: MARION NELSON FUNERAL HOME, INC.

Current Principal Place of Business:

454 S. BUCK MOORE ROAD
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 829
LAKE WALES, FL 338590829 US

New Mailing Address:

454 S. BUCK MOORE ROAD
LAKE WALES, FL 33853 US

FEI Number: 59-0966014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, J. BARRETT
454 S. BUCK MOORE ROAD
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NELSON, HELEN P
Address: 14326 REESE DRIVE
City-St-Zip: LAKE WALES, FL 33898 US

Title: P () Delete
Name: NELSON, J. BARRETT
Address: 923 SR 60 EAST
City-St-Zip: LAKE WALES, FL 33853 US

Title: VT () Delete
Name: NELSON, CHRISTOPHER T
Address: 4001 SEBRING PARKWAY
City-St-Zip: SEBRING, FL 33870 US

Title: VS () Delete
Name: NELSON, JAMES M
Address: 331 COUNTY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NELSON, J. BARRETT
Address: 923 SR 60 EAST
City-St-Zip: LAKE WALES, FL 33853 US

Title: P (X) Change () Addition
Name: NELSON, CHRISTOPHER T
Address: 4001 SEBRING PARKWAY
City-St-Zip: SEBRING, FL 33870 US

Title: ST (X) Change () Addition
Name: NELSON, JAMES M
Address: 331 COUNTY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. BARRETT NELSON

VP

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date