## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2008 8:00 am Secretary of State

DOCUMENT # 600212  1. Entity Name STEPHENSON-NELSON FUNERAL HOME OF AVON PARK, INC.							02-19-2008	90027 0	04 ***15	0.00
Principal Plac	e of Business	Mailing Address			-					
111 E CIRCLI Avon Park,		P.O. BOX 193 Sebring, FL 33871								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe 59-105				oplied For ox Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		A		7. Name and	Address of New R	egistered /	Agent	
NELSON, C T 4001 SEBRING PARKWAY				Name Street A	reet Address (P.O. Box Number is Not Acceptable)					
SEBRING,	FL 33870									
	ं ही \$8			City				FL	Zip Cod	6
8. The above the obligat	named entity submits this statement to ions of registered agent.:	or the purpose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable. (NOTE	: Registered	1 Agent signal	za required	when reinstating)	•	DATE	-	
		9. Election Campaig				00 May Be			<del></del>	·
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		•		Adde	ed to Fees				
10	OFFICERS AND		11.			ADDITIONS/	CHANGES TO OFFI	ICERS AND		S IN 11
TITLE NAME	ST		THLE							$\overline{\mathbf{O}}$
147 11476	SMITH TIFFANY	Delete			57	a Coad			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	SMITH, TIFFANY 4001 SEBRING PKWY SEBRING, FL 33870	<b>jx,</b> 1 Belete	NAME STREE	:	NELS	SU, CRAIG SEBRING	1204 23871-660	7	∐ Change	Addition
	4001 SEBRING PKWY	<b>pc</b> Delete	NAME STREE	ET ADDRESS -ST-ZIP	NELS	gu, Cenig Sabewg Ling, fl	pan4 33870-660	7	☐ Change	Addition
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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 YPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

T NELSON

1-29-08 863 395-072 S