


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90033 019 ***550.00

DOCUMENT # 645933

1. Entity Name
 RG MEMORIAL CHAPELS, INC.



Principal Place of Business
 311 ELM STREET
 SUITE 1000
 CINCINNATI, OH 45202 US

Mailing Address
 259 YORKLAND ROAD
 TORONTO, CANADA, ON M2J 5-B2 XX

40-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 PO Box 130548

Suite, Apt. #, etc.
 9th Floor

Suite, Apt. #, etc.

City & State
 Houston Texas

City & State

Zip
 77219-0548

Country

Country

05012008 Chg-P CR2E034 (12/06)

4. FEI Number
 36-3061242

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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)

Signature, typed or printed name of registered agent and title if applicable. 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	PD	<input type="checkbox"/> Delete
NAME	LONGINO, NOBLE	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIGGS, CURTIS G	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAJEK, KEVIN J	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON, TX 77019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet S. Kay	
STREET ADDRESS	1929 Allen Parkway	
CITY-ST-ZIP	Houston Texas 77019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Janet S. Kay Treasurer Date 5/2/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR