
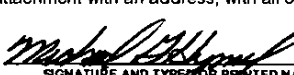


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90235 001 \*5,250.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # 691031</b>  |  |    |   |
| 1. Entity Name<br><b>TURNER FUNERAL HOMES, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>504 JEFFERSON ST<br/>PO BOX 1538<br/>BROOKSVILLE FL 34605-8538</b>  |  | Mailing Address<br><b>ATTN : SALT<br/>PO BOX 11250<br/>NEW ORLEANS LA 70181-1250<br/>US</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 PINE INLAND RD<br/>PLANATION FL 33324</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                      |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PAS<br>PANTER, MARK A<br>1201 S ORLANDO AVENUE #365<br>WINTER PARK FL 32789 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VAS<br>HEFFRON, BRENT F<br>1201 S ORLANDO AVENUE SUITE 365<br>WINTER PARK FL 32789 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | see Attached List <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>TRAHAN, LORALICE A<br>110 VETERANS MEMORIAL BLVD<br>METAIRIE LA 70005 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TS<br>FRIOU, THOMAS H<br>1201 S ORLANDO AVENUE, SUITE 365<br>WINTER PARK FL 32789 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ROWE, WILLIAM E<br>110 VETERANS MEMORIAL BLVD<br>METAIRIE LA 70005 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ASD<br>BUDDE, KENNETH C<br>110 VETERANS MEMORIAL BLVD<br>METAIRIE LA 70005 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Michael G. Hymel, Vice President</b> 4/25/05<br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |

ATTACHMENT

TURNER FUNERAL HOMES, INC.

66015341  
#691031

### Officer Names and Addresses

|                   |                          |  |
|-------------------|--------------------------|--|
| Jack Yent, Jr.    | President/Asst Secretary | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| Brent F. Heffron  | Exec Vice Pres/Asst Sec  | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| Michael G. Hymel  | Vice President           | 1333 S. Clearview Pkwy, Jefferson, LA 70121            |
| Thomas H. Friou   | Vice Pres/Sec/Treasurer  | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |
| Kenneth C. Budde  | Vice President           | 1333 S. Clearview Pkwy, Jefferson, LA 70121            |
| Thomas M. Kitchen | Asst Sec/Asst Treas      | 1333 S. Clearview Pkwy, Jefferson, LA 70121            |

### Director Names and Addresses

|                   |          |  |
|-------------------|----------|--|
| Thomas M. Kitchen | Director | 1333 S. Clearview Pkwy, Jefferson, LA 70121            |
| Kenneth C. Budde  | Director | 1333 S. Clearview Pkwy, Jefferson, LA 70121            |
| Brent F. Heffron  | Director | 1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789 |