

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49910

FILED  
Apr 17, 2012  
Secretary of State

Entity Name: A.B. COLEMAN MORTUARY, INC.

**Current Principal Place of Business:**

5660 MONCRIEF ROAD  
JACKSONVILLE, FL 322092668

**New Principal Place of Business:**

1929 ALLEN PARKWAY  
HOUSTON, TX 77019

**Current Mailing Address:**

1929 ALLEN PARKWAY  
ATTN: TAX DEPT.  
HOUSTON, TX 77019

**New Mailing Address:**

FEI Number: 59-2153396      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLEMAN, ANDREW B  
Address: 15915 KATY FREEWAY 500  
City-St-Zip: HOUSTON, TX 77094

Title: V  
Name: TANNER, GARY L  
Address: 15915 KATY FREEWAY #500  
City-St-Zip: HOUSTON, TX 77094

Title: V  
Name: POOLE, TONI WILSON  
Address: 15915 KATY FREEWAY #500  
City-St-Zip: HOUSTON, TX 77094

Title: V  
Name: HARRISON, EARL  
Address: 15915 KATY FREEWAY #500  
City-St-Zip: HOUSTON, TX 77094

Title: T  
Name: JONES, MYRTLE L  
Address: 1929 ALLEN PARKWAY  
City-St-Zip: HOUSTON, TX 77019

I hereby 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 all other like empowered.

SIGNATURE: MYRTLE L JONES

T

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date