


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F56570 1. Entity Name STRONG & JONES FUNERAL HOME, INC.	
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FILED

05 JUL -7 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301	Mailing Address 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2150488	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLOWERS, FRED H
1500 MAHAN DRIVE
STE 230
TALLAHASSEE, FL 32308**

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) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD LAWRENCE, DARRELL L. <input type="checkbox"/> Delete
NAME	5371 GROVE VALLEY RD.
STREET ADDRESS	TALLAHASSEE, FL
CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete
NAME	GRIFFIN, LINN ANN J.
STREET ADDRESS	527 W TUSKEGEE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 00000.
TITLE	ST <input type="checkbox"/> Delete
NAME	LAWRENCE, BETTY S.
STREET ADDRESS	2018 BROAD ST
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	V <input type="checkbox"/> Delete
NAME	LAWRENCE, JAMES C.
STREET ADDRESS	2018 BROAD ST.
CITY-ST-ZIP	TALLAHASSEE, FL
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100057344611

07/12/05--01033--004 **550.00

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 info empowered.

SIGNATURE: *Darrell L. Lawrence* Date: *July 7, 2005* Daytime Phone #: *(850) 224-2139*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #