


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F56570 1. Entity Name STRONG & JONES FUNERAL HOME, INC.	
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Principal Place of Business 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301	Mailing Address 551 WEST CAROLINA STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  FLOWERS, FRED H 1500 MAHAN DRIVE STE 230 TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAWRENCE, DARRELL L. 5371 GROVE VALLEY RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GRIFFIN, LINN ANN J. 527 W TUSKEGEE ST. TALLAHASSEE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAWRENCE, BETTY S. 2018 BROAD ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAWRENCE, JAMES C. 2018 BROAD ST. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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02/20/08--01009--019 \*\*150.00


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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-31-08 (850) 224-2139 Date Daytime Phone #
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FILED

08 FEB -4 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2150488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required