2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # F9700002724 1. Entity Name CARRIAGE FUNERAL HOLDINGS, INC.						,	01-26-200	-		
Principal Place	e of Business	Mailing Address		···						
1900 ST JAMES PLACE 4TH FLOOR 1900 ST JAMES PLACE 4T HOUSTON, TX 77056 HOUSTON, TX 77056			4TH FL	OOR		Labitions wife i		IN 88III 88II8 II	mpa 100010 a1841 2 40	findi et enni
2 Principal P	lace of Business	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Number 76-0339				plied For t Applicable
Zip	Country Zip C		Coun	otry 5. Certificate of Status De			of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	legistered Agent				7. Name and	Address of New I	Registered	Agent	
CTCOPP	ODATION SYSTEM			~Name -						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street A	ddress (F	P.O. Box Number	is Not Acceptabl	e)		
	,									
				City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or	registere	ed agent, or both	n, in the State of FI	orida. Lam	familiar with,	and accept
SIGNATURE_										
SIGNATORE	Signature, typed or printed name of registered agent as	nd title if applicable (NOT	E: Registere	d Agent signati	re required	when reinstating)	•	DATE		
						·				
FIL After Ma	E,NOW!!! FEE IS \$150.00 ay 1, 2004 Fée will be \$550.0	9. Election Campa Trust Fund Con	ign Finar	naing	 \$5.	00 May Be	* * · · · ·			F .
FIL After Ma	aý 1, 2004 Fée will be \$550.0 OFFICERS AND C	0 Trust Fund Cons	ign Finar		\$5. Adde	OO May Be od to Fees	CHANGES TO OF	FICERS AND		
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12. Thereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f), refords statutes. Truther 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 orable; 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

THE THE SAN FORM

/13/04

713-332-8400