



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90284 014 \*\*\*150.00

<b>DOCUMENT # F97000002724</b> 1. Entity Name <b>CARRIAGE FUNERAL HOLDINGS, INC.</b>					
Principal Place of Business <b>1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056</b>				Mailing Address <b>1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056</b>	
2. Principal Place of Business <b>3040 POST OAK BLVD</b> Suite, Apt. #, etc. <b>SUITE 300</b>		3. Mailing Address <b>3040 POST OAK BLVD</b> Suite, Apt. #, etc. <b>SUITE 300</b>			
City & State <b>HOUSTON TX</b>		City & State <b>HOUSTON TX</b>		4. FEI Number <b>76-0339922</b>	
Zip <b>77056</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BENARD, JAMES J 1900 ST JAMES PLACE, 4TH FRONT HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP George J KLV6 3040 POST OAK BLVD SUITE 300 HOUSTON TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SIOVN, CHARLES D 1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SAPRITO, JOSEPH 3040 POST OAK BLVD SUITE 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PAYNE, MELVIN C 1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CC/T 3040 POST OAK BLVD SUITE 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC SANFORD, TERRY E 1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 3040 POST OAK BLVD SUITE 300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARLEW, W. CLARK 1900 ST JAMES PLACE 4TH FLOOR HOUSTON, TX 77056	<input type="checkbox"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			TERRY E SANFORD 4/17/2006 713 332 8400 <small>Date Daytime Phone #</small>		