2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2008 8:00 am Secretary of State DOCUMENT # G98249 1. Entity Name 02-07-2008 90018 005 ***158.75 NIXON FUNERAL SERVICE, INC. Principal Place of Business Mailing Address 425B W. DANIA BEACH BLVD. 425B W. DANIA BEACH BLVD. P. O. BOX 1816 DANIA FL 33004 P. O. BOX 1816 DANIA FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E034 (10/07) City & State City & State 4. FE! Number Applied For 59-2399009 Not Applicable Z_{1D} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JERROLD R. NIXON -INMAN, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 425 W. DANIA BEACH BLVD. #B 4428 WORTHINGTON CIRCLE PALM HARBOR FL 34685 DANIA BEACH, FL 33004-1816 City ^zi3300<u>4</u> DANIA BEACH 8. The above named entity submits this statement for the surcose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of regist, red agent. JERROLD R. NIXON FEB.2,2008 SIGNATURE Mick preced carry of registered agent and the flappication (NOTE Aspistmed Appraisable regions when remetaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P,S,T,M TITLE PD K Change Defete ☐ Addition JERROLD R. NIXON NAME NIXON, JERROLD R. NAME 425 W. DANIA BEACH BLVD. #B 109 S.E. 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 DANIA BEACH, FL 33004-1816 CITY+ST-ZIP VD T|7: F X Delete TITLE Addition INMAN, ROBERT J. NAME NAME STREET ADDRESS 4428 WORTHINGTON CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP X Delete TITE F STD TITLE Change Addition NIXON-MARILYN----NEME STREET ADDRESS 3829 DARSTON STREET STREET ADDRESS OITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP TITLE De etc ☐ Change ☐ Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition MAMI STREET ADDRESS STREET ADDRESS CITY-ST-2IP CHY-ST-ZIF ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-289 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliernental report is true and accurate and that my signature shall trave the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver 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 atjachnient with an address, with all other like empowered.

SIGNATURE: JERROLD R. NIXON, PRES

954-922-5102 FEB.2,2008

Date

FILED