


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90004 001 ****50.00
 05-24-2005 90004 002 ****500.00

DOCUMENT # P02000041788 1. Entity Name H. A. DAVIS FUNERAL HOME, INC.	
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Principal Place of Business 608 SW 12TH AVE. DANIA BCH, FL 33004	Mailing Address 608 SW 12TH AVE. DANIA BCH, FL 33004
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DO NOT WRITE IN THIS SPACE

05172005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0441561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, HAROLD A
 608 SW 12TH AVE.
 DANIA BCH, FL 33004

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, HAROLD A 608 SW 12TH AVE. DANIA BCH, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANUEL, ANTHONY 608 SW 12TH AVE. DANIA BCH, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRICE, AUDREY 608 SW 12TH AVE. DANIA BCH, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.

SIGNATURE: *Harold A Davis* **MAY 17, 2005** **954-921-5150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #