2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000041781

Entity Name: HERITAGE MEMORIAL FUNERAL & CREMATION SERVICES OF MANATEE-SARASOTA, INC.

Current Principal Place of Business:

5899 WHITFIELD AVE., STE. 200-A
SARASOTA, FL 34243

New Principal Place of Business:

5899 WHITFIELD AVE.,
SUITE 102
SARASOTA, FL 34243

Current Mailing Address:

5899 WHITFIELD AVE., STE. 200-A
SARASOTA, FL 34243

New Mailing Address:

5899 WHITFIELD AVE.,
SUITE 102
SARASOTA, FL 34243

FEI Number: 20-0669477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONE, ROBERT A
5899 WHITFIELD AVE., STE. 200-A
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

MALONE, ROBERT A
5899 WHITFIELD AVE.,
SUITE 102
SARASOTA, FL 34243 US

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.

SIGNATURE: _____ 04/26/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MALONE, ROBERT A
Address: 5899 WHITFIELD AVE., STE. 200-A
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: MALONE, PENNY R
Address: 5899 WHITFIELD AVE., STE. 200-A
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MALONE, ROBERT A
Address: 5899 WHITFIELD AVE., SUITE 102
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Change ( ) Addition
Name: MALONE, PENNY R
Address: 5899 WHITFIELD AVE., STE. 102
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. MALONE D 04/26/2005
Electronic Signature of Signing Officer or Director — Date