2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P06000010765

Entity Name: LONG-GRANBERRY FUNERAL SERVICES, INC.

Current Principal Place of Business:

2876 ORANGE ST
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 905
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 03-0579412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, RUSSELL S
2876 ORANGE ST
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

LONG, GWEN
2876 ORANGE ST
MARIANNA, FL 32448 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: GWEN LONG 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LONG, WILLIAM H
Address: 3774 OLD US RD
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: LONG, GWEN S
Address: 3774 OLD US RD
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: GRANBERRY, CHEPHUS
Address: P.O.BOX 6185
City-St-Zip: MARIANNA, FL 32447

Title: D ( ) Delete
Name: GRANBERRY, BEVERLY
Address: P.O.BOX 6185
City-St-Zip: MARIANNA, FL 32447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GWEN LONG D 04/17/2009
Electronic Signature of Signing Officer or Director Date