

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049851

FILED
Jan 03, 2008
Secretary of State

Entity Name: SOUTHERN FUNERAL CARE AND CREMATION SERVICES, INC.

Current Principal Place of Business:

10510 RIVERVIEW DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

10510 RIVERVIEW DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

10510 RIVERVIEW DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

10510 RIVERVIEW DRIVE
RIVERVIEW, FL 33578

FEI Number: 20-4649690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGO, MARK C SR
502 EMBERWOOD DRIVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARGO, MARK C SR
Address: 502 EMBERWOOD DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: TALBERT, KEVIN
Address: 709 CLIMATE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK C. VARGO, SR.

D

01/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date