

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000007438		
1. Entity Name JOE MORRIS & SON FUNERAL HOME, INC.		
Principal Place of Business 701 N DEVILLIERS ST PENSACOLA, FL 32501 US		Mailing Address 701 N DEVILLIERS ST. PENSACOLA, FL 32501 US
DO NOT WRITE IN THIS SPACE		
		
03252006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3156262		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MORRIS, JOE JR. 701 N DEVILLIERS ST PENSACOLA, FL 32501		
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 _____ (NOTE: Registered Agent signature required when reinstating)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000548090 05/12/06-80051-007 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORRIS, JOE JR. 14699 PERDIDO DRIVE PENSACOLA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, GLADYS J. 1500 E LEONARD ST PENSACOLA, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #