

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000001765 1. Entity Name MEMORIAL PLANS, INC.	
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Principal Place of Business 8350 NW 52 TERR 20 MIAMI, FL 33166 US	Mailing Address 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON, TX 77019 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0379645	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET TALLAHASSEE, FL 32301

**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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and state if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P USELTON, MICHEAL 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY J. CLAIBORNE 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORING, HARRIS E III 1929 ALLEN PKWY, 9TH FLOOR HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIPSON, RAY A 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, SUSAN L 1929 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JUDITH M 1929 ALLEN PKWY HOUSTON, FL 77019

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01/21/04-80002-002 50.00

**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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: HARRIS E LORING III 1/8/04 713-522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #