

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P96000045095**

1. Entity Name  
**FM CEMETERY, INC.**



Principal Place of Business  
**1350 W FAIRBANKS AVE  
WINTER PARK, FL 32789 US**

Mailing Address  
**1929 ALLEN PKWY  
DPT 2934 9TH FL  
HOUSTON, TX 77019 US**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0505094**

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.  
1201 HAYS 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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01/21/04-80006-002 150.00

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*HARRIS E LORING III*

*1/8/04*

Date

*713-522-5141*

Daytime Phone #