2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE

changed, or on an attachment with an address, with all other like empowered.

Feb 12, 2005 08:00 AM **DOCUMENT # P96000087283** Secretary of State CHANDLER FUNERAL HOME, INC. Mailing Address Principal Place of Business 125 PARK AVENUE E. 125 PARK AVENUE E. LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 No Chg-P CR2E034 (10/03) 02032005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0704384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHANDLER, WILLIS S DO NOT WRITE 125 PARK AVENUE E LAKE PLACID, FL 33852 IN THIS SPACE 3. 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHANDLER, WILLIS S NAME STREET ADDRESS 125 PARK AVENUE E CITY-ST-ZIP LAKE PLACID, FL 33852 U00000227712 02/14/05-80010-004 150.gd TITLE CHANDLER, WILLIS S NAME STREET ADDRESS 125 PARK AVE. E. LAKE PLACID, FL 33852 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 in the corporation of 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 in the corporation of the receiver or trustee.

FILED