
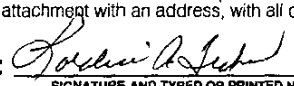


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90328 001 *1,950.00

DOCUMENT # P97000089906 1. Entity Name ROBERTS FUNERAL HOME, INC.					
Principal Place of Business 606 SW 2ND AVE OCALA FL 34474 US			Mailing Address ATTN : SALT PO BOX 11250 NEW ORLEANS LA 70181-1250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3483106	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS YENT, JR., JACK 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, WILLIAM E 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BUDDE, KENNETH C 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRAHAN, LORALICE A 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FRIQU, THOMAS H 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HEFFRON, BRENT F 1201 S. ORLANDO AVE., STE. 365 WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Loralice A. Trahan Asst. Sec./Asst. Treas.		4/19/04 (504) 849-2160 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

66416077
#P9700089906

ROBERTS FUNERAL HOME, INC.

Officer Names and Addresses

Jack Yent, Jr.	President/Asst Secretary	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Blvd., Metairie, LA 70005
Michael G. Hymel	Vice President	110 Veterans Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005
Loralice A. Trahan	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005

Director Names and Addresses

William E. Rowe	Director	110 Veterans Blvd., Metairie, LA 70005
Kenneth C. Budde	Director	110 Veterans Blvd., Metairie, LA 70005
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789

Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, Florida 33324