

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000001471

**1. Entity Name
HOLMES FUNERAL DIRECTORS, INC.**



**Principal Place of Business
2719 W EDGEWOOD AVE
JACKSONVILLE, FL 32209 US**

**Mailing Address
15915 KATY FREEWAY
SUITE 500
HOUSTON, TX 77094**

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0557264
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DVPS
NAME WILSON, GERALD E
STREET ADDRESS 15915 KATY FREEWAY, STE 500
CITY-ST-ZIP HOUSTON, TX 77094

TITLE P
NAME HOLMES, WENDELL P
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON, TX 77094

TITLE VPD
NAME TANNER, GARY
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON, TX 77091

TITLE VPD
NAME WILSON, MARSHERRIA
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON, TX 77094

TITLE VP
NAME BENNETT, JULIUS C
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON, TX 77094

TITLE VP
NAME HARRISON, EARL
STREET ADDRESS 15915 KATY FREEWAY #500
CITY-ST-ZIP HOUSTON, TX 77094

1000001278569
03/28/05-20031-013 150.00

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/05

281-579-2760