


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000001471 1. Entity Name HOLMES FUNERAL DIRECTORS, INC.	
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**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 2719 W EDGEWOOD AVE JACKSONVILLE, FL 32209 US	Mailing Address 15915 KATY FREEWAY SUITE 500 HOUSTON, TX 77094
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07302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0557264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WILSON, GERALD E 15915 KATY FREEWAY, STE 500 HOUSTON, TX 77094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, WENDELL P 15915 KATY FREEWAY #500 HOUSTON, TX 77094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TANNER, GARY 15915 KATY FREEWAY #500 HOUSTON, TX 77091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, MARSHERRIA 15915 KATY FREEWAY #500 HOUSTON, TX 77094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POOLE, TONI WILSON 15915 KATY FREEWAY #500 HOUSTON, TX 77094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, EARL 15915 KATY FREEWAY #500 HOUSTON, TX 77094

U00000957483  
08/11/08-80003-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  8/5/2008 211-579-2762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #