ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # P98000012352 Apr 09, 2005 08:00 AM Secretary of State 1. Entity Name LORD FUNERAL HOME, INC. Principal Place of Business Mailing Address 2489 FILMORE DR P 0 B0X 120 MARIANNA, FL 32447 MARIANNA, FL 32448 04012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3435553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LORD, CHARLENE DO NOT WRITE 2489 FILLMORE DRIVE MARIANNA, FL 32448 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 ue, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS PD TITLE NAME LORD, CHARLENE T STREET ADDRESS 2489 FILLMORE DRIVE CITY-ST-ZIP MARIANNA, FL 32448 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE . IN THIS SPACE STREET ADDRESS CITY ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the comporation 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 withyan address, with all other like improvered.