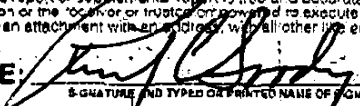


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000064126			
1. Entity Name RICK GOODING FUNERAL HOMES, INC.			
Principal Place of Business 1208 S. SR 55 CROSS CITY, FL 32628		Mailing Address P.O. BOX 1208 CROSS CITY, FL 32628	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 59-3666563		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOODING, RICHARD C 1208 S. SR 55 CROSS CITY, FL 32628		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODING, RICHARD C 1208 S. SR 55 CROSS CITY, FL 32628	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060050389 09/28/05--01050--024 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information submitted 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 officer or trustee or power of attorney to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11-R, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		9-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Copying Charge \$	

FILED
05 SEP 26 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152005 Chg-P CR2E034 (10/03)

Krs 09/26