


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90112 012 ***150.00

DOCUMENT # P99000081025 1. Entity Name STONE'S MEMORIAL FUNERAL HOME, INC.	
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Principal Place of Business 5016 NORTH 22ND STREET TAMPA, FL 33610	Mailing Address 5016 NORTH 22ND STREET TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE

50054439



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3093143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONE, EDWARD W JR. 5016 NORTH 22ND STREET TAMPA, FL 33610
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STONE, EDWARD W JR. 5016 NORTH 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STONE, FANNIE B 5016 NORTH 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STONE, ROSETTA 5016 NORTH 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Edward W Stone* 6 24 05 8132371424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50054439

#P99000081025-

Stone's Memorial Funeral Home, Inc.
5016 North 22nd Street
Tampa, Florida 33610

June 29, 2005

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198

Dear Sir:

Enclosed is a check for \$150.00. We did not receive notification of renewal until June 29, 2005.

If you have any questions or comments, please contact me at 813/237-1134.

Sincerely,

Edward W. Stone, Jr.

