


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 630830
 1. Entity Name
HIGHLANDS CREMATORY, INC.



Principal Place of Business 111 E CIRCLE STREET AVON PARK, FL 33825 US	Mailing Address 111 E. CIRCLE STREET AVON PARK, FL 33825 US
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1961482	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, C T
 111 E. CIRCLE STREET
 AVON PARK, FL 33825

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 re-statuting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, MR. CHRIS T. 111 E. CIRCLE STREET AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MRS. BRENDA J. 111 E. CIRCLE STREET AVON PARK, FL
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 01/22/07-80051-015 150.00

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: C.T. NELSON, PRES **1-10-07** **863 385-0125**

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