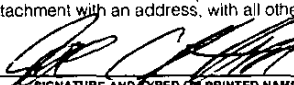


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K72840 1. Entity Name NORTH FLORIDA MONUMENT COMPANY						FILED 07 JUL 30 PM 12:45 CLERK OF COURT TALLAHASSEE, FLORIDA	
Principal Place of Business CORNER OF U.S. 41 SOUTH & CEMETARY ROAD WILLISTON, FL 32696				Mailing Address 710 SW 6TH AVE. WILLISTON, FL 32696			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PINKSTON, JOSEPH 710 SW 6TH AVE. WILLISTON, FL 32696				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25				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 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINKSTON, MARTHA 912 N.W. 7TH STREET WILLISTON, FL 32696 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAREN PINKSTON 710 SW 6 AVE WILLISTON, FL 32696 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKSTON, JOSEPH 710 SW 6TH AVE. WILLISTON, FL 32696 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800107467848 08/07/07--01061--002 **61.25 ☐ 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 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: 				7-26-07 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							