


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N05667	
1. Entity Name PINECREST CEMETERY ASSOCIATION, INC.	

Principal Place of Business 1345 STETSON DR. SO COCOA, FL 32922	Mailing Address 1345 STETSON DR. SO COCOA, FL 32922
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02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2740315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARBOROUGH, DOUG
 1345 STETSON DR. SO
 COCOA, FL 32922

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 _____

Filing Fee is \$61.25
 Due by May 1, 2005

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 SCARBOROUGH, DOUG 1345 STETSON DR., SOUTH COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCARBOROUGH, O. D. 4609 MOURNING DOVE DR. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SCARBOROUGH, BETH 1345 STETSON DR SO COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BLACK, AUDREY 1336 VANCOUVER AVE. SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD URSSING, MELBA 55 RIVERSIDE DR., #204 COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000229152
 02/14/05-80068-008 61.25

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 617, 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: Doug Scarborough PD AT Scarborough 2.11.05 321-632-2627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #