

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90328 001 \*1,950.00



**DOCUMENT # 006018**  
**1. Entity Name**  
**WOODLAWN PARK CEMETERY COMPANY**

**Principal Place of Business**  
**3260 SW 8TH STREET**  
**MIAMI FL 33135**

**Mailing Address**  
**ATTN : SALT**  
**PO BOX 11250**  
**NEW ORLEANS LA 70181-1250**  
**US**



MOORE CR2E034 (11/03)

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** **59-0516280** Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 PINE ISLAND RD**  
**PLANTATION FL 33324**

**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**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	TS FRIOU, THOMAS H 1201 S ORLANDO AVE #365 WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS ROMANACH, GABRIEL 8200 SW 40TH STREET MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, WILLIAM E 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BUDE, KENNETH C 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TRAHAN, LORALICE 1201 S, ORLANDO AVE., SUITE 365 WINTER PARK FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Loralice A. Trahan* **Loralice A. Trahan**  
**Asst. Sec./Asst. Treas.** **(504) 849-2160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/19/04** Date **Daytime Phone #**

*Attachment*

**WOODLAWN PARK CEMETERY COMPANY**

*006416088*  
*# 006018*

**Officer Names and Addresses**

Gabriel E. Romanach	President/Asst Secretary	8200 SW 40 <sup>th</sup> Street, Miami, FL 33155
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Blvd., Metairie, LA 70005
Michael G. Hymel	Vice President	110 Veterans Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005
Loralice A. Trahan	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005

**Director Names and Addresses**

William E. Rowe	Director	110 Veterans Blvd., Metairie, LA 70005
Kenneth C. Budde	Director	110 Veterans Blvd., Metairie, LA 70005
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789

**Registered Agent**

CT Corporation System  
1200 South Pine Island Rd.  
Plantation, Florida 33324