## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 213283**

JUDGE JAMÈS,

100 INNSBROOK DRIVE

LAKE TOXAWAY,, NC 28747

Name:

Address:

City-St-Zip:

Entity Name: OSCEOLA MEMORY GARDENS, INC.

FILED Feb 14, 2009 Secretary of State

Current P	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	BOGGY CREE E, FL 34744	KRD US			
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
P.O. BOX 4 KISSIMME	120174 E, FL 34742	US			
FEI Number:	59-0837763	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2665 HILLI. KISSIMME	E,, FL 34744	US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	AND DIREC	rors:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () RUSSELL, ROB 200 N. FEDERA POMPANO BCH	L HWY.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () ROBERTS, TER 2665 HILLIARD KISSIMMEE, FL	СТ	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DEPPEN, RAND 15516 92ND CC	•	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY L ROBERTS S 02/14/2009