



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # 013509</b> 1. Entity Name <b>LAKEVIEW CEMETERY INCORPORATED</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>04 APR 14 PM 12:12</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>MOORE</span> <span>CR2E034 (11/03)</span> </div>	
Principal Place of Business <b>1428 BELLEVUE AVE.</b> <b>DAYTONA BEACH FL 32114-3939</b>				Mailing Address <b>ATTN: GEORGE B. HOWELL, III</b> <b>400 N. ASHLEY DRIVE, STE 2300</b> <b>TAMPA FL 33602</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>100 North Tampa Street</b> Suite, Apt. #, etc. <b>Suite 4100</b> City & State <b>Tampa, FL</b> Zip <b>33602</b>		4. FEI Number <b>59-0902328</b>		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HOLLAND &amp; KNIGHT, LLP</b> <b>ATTN: GEORGE B. HOWELL, III</b> <b>400 N. ASHLEY DRIVE, STE 2300</b> <b>TAMPA FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 North Tampa Street, Suite 4100</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TIMMER, WILLARD I</b> <b>1428 BELLEVUE AVE</b> <b>DAYTONA BCH FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700033434007</b> <b>04/21/04--01028--031 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>TIMMER, MARILYN</b> <b>1428 BELLEVUE AVE</b> <b>DAYTONA BCH FL</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECE <b>STEPHENS, JAMES T</b> <b>400 N. ASHLEY DRIVE, STE 2300</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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: <i>James T Stephens Receiver</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date _____ Daytime Phone # _____							