
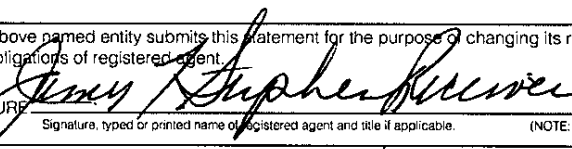
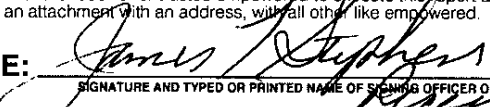


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90011 036 \*\*\*550.00

<b>DOCUMENT # 013509</b> 1. Entity Name <b>LAKEVIEW CEMETERY INCORPORATED</b>					
Principal Place of Business <b>1428 BELLEVUE AVE.</b> <b>DAYTONA BEACH, FL 32114-3939</b>			Mailing Address <b>100 NORTH TAMPA ST STE 4100</b> <b>TAMPA, FL 33602</b>		
2. Principal Place of Business <b>1203 Venitia Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1203 Venitia Drive</b> Suite, Apt. #, etc.			
City & State <b>Spring Hill, FL</b>		City & State <b>Spring Hill, FL</b>		4. FEI Number <b>59-0902328</b>	
Zip <b>34608</b>		Country <b>USA</b>		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>100 NORTH TAMPA ST STE 4100</b> <b>TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>JAMES T. STEPHENS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1203 Venitia Drive</b> City <b>Spring Hill, FL</b> <b>FL</b> Zip Code <b>34608</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>James T. Stephens, Receiver</b> </div> <div style="width: 20%; text-align: right;"> <b>September 2, 2005</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <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	<b>RECE</b> <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	<b>RECEIVER</b> <b>STEPHENS, JAMES T.</b> <b>1203 VENITIA DRIVE</b> <b>SPRING HILL, FL 34608</b> <input checked="" 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.					
<b>SIGNATURE:</b> 			<b>James T. Stephens, Receiver</b> <b>9/2/05</b> <b>904/753-9040</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		