


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 018179
 1. Entity Name
OAKLAWN CEMETERY ASSOCIATION



Principal Place of Business: **4801 SAN JOSE BLVD JACKSONVILLE FL 32207**
 Mailing Address: **4801 SAN JOSE BLVD JACKSONVILLE FL 32207**

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.
 City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
TAYLOR, NEIL C
4801 SAN JOSE BLVD
JACKSONVILLE FL 32207

4. FEI Number: **59-0380400**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 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: *Neil C. Taylor* **Neil C. Taylor, President** **1/25/05**
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, 2005 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: VD <input type="checkbox"/> Delete	NAME: TAYLOR, WESLEY F., JR. STREET ADDRESS: 4801 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE FL
TITLE: TDP <input type="checkbox"/> Delete	NAME: TAYLOR, NEIL C STREET ADDRESS: 4801 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE, FL 00000
TITLE: DV <input type="checkbox"/> Delete	NAME: TAYLOR, JANICE O. STREET ADDRESS: 4801 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE FL
TITLE: ASD <input type="checkbox"/> Delete	NAME: TAYLOR, JANICE E. STREET ADDRESS: 4801 SAN JOSE BLVD. CITY-ST-ZIP: JACKSONVILLE FL
TITLE: VD <input type="checkbox"/> Delete	NAME: TAYLOR, MARK STREET ADDRESS: 4801 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE FL
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Neil C. Taylor* **Neil C. Taylor, Pres/Director** **904-737-7171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #