## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 018194**

HIGHLAND MEMORIAL PARK ASSOCIATION

FILED Jan 12, 2005 Secretary of State

Entity Name: HIGHLAND MEMORIAL PARK ASSOCIATION					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1515 NE 3 OCALA, FI		S			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
44 SE 9TH TERRACE OCALA, FL 34470 US			1515 E SILVER SPF SUITE 201 OCALA, FL 34470		
FEI Number:	: 59-0770182	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HIERS, JOHN M 910 S.E. SILVER SPRINGS BLVD. OCALA, FL 34470 US			HIERS, JOHN M 910 S.E. SILVER SF OCALA, FL 34470	910 S.É. SILVER SPRINGS BLVD.	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: JOHN HIERS				01/12/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( HIERS, JOHN 910 SILVER S OCALA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BAXLEY, DEN 910 SILVER S OCALA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BAXLEY, MICH	R SPRINGS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUSTIN BAXLEY T 01/12/2005

BAXLEY, JUSTIN N

OCALA, FL 34470

910 SE SILVER SPRINGS BLVD

Name:

Address:

City-St-Zip: