

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018194

FILED
Jan 10, 2006
Secretary of State

Entity Name: HIGHLAND MEMORIAL PARK ASSOCIATION

Current Principal Place of Business:

1515 NE 3RD ST
OCALA, FL 344701 US

New Principal Place of Business:

Current Mailing Address:

1515 E SILVER SPRINGS BLVD
SUITE 201
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-0770182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIERS, JOHN M
910 S.E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIERS, JOHN M
Address: 910 SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL

Title: VP () Delete
Name: BAXLEY, DENNIS K
Address: 910 SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL

Title: ST () Delete
Name: BAXLEY, MICHELINE G
Address: 910 SE SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: BAXLEY, JUSTIN N
Address: 910 SE SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOHN HIERS

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date