

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90331 049 ***150.00

DOCUMENT # 177488					
1. Entity Name TALLAHASSEE MEMORY GARDENS INC					
Principal Place of Business 4037 NORTH MONROE ST. TALLAHASSEE FL 32303			Mailing Address C/O HOLLAND & KNIGHT, ATTN: GEORGE HOWELL 400 NORTH ASHLEY DR., STE. 2300 TAMPA FL 33602		
2. Principal Place of Business		3. Mailing Address 100 NorthhTampa Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 4100			
City & State		City & State Tampa, FL 33602			
Zip	Country	Zip	Country	4. FEI Number 59-0729434	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEPHENS, JAMES T C/O HOLLAND & KNIGHT, LLP 400 N. ASHLEY DR., STE. 2300 TAMPA FL 33602			7. Name and Address of New Registered Agent Name Holland & Knight, LLP c/o George B. Howell, III Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street Suite 4100 City Tampa FL Zip Code 33602		
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			DATE 4/27/04		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIMMER, WILLARD I 1428 BELLEVUE AVE DAYTONA BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DIXON, PATRICIA T 4037 N MONROE STREET TALLAHASSEE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIMMER, MARILYN J 1428 BELLEVUE AVENUE DAYTONA BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC <input type="checkbox"/> Delete STEPHENS, JAMES T C/O 400 N. ASHLEY DR., STE. 2300 TAMPA FL 33602		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:			(904) 753-9040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		