


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-07-2005 90011 043 ***550.00

DOCUMENT # 177488	
1. Entity Name TALLAHASSEE MEMORY GARDENS INC	

Principal Place of Business 4037 NORTH MONROE ST TALLAHASSEE, FL 32303	Mailing Address 100 NORTH TAMPA STREET STE 4100 TAMPA, FL 33602
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2. Principal Place of Business 1203 Venitia Drive	3. Mailing Address 1203 Venitia Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill, FL	City & State Spring Hill, FL
Zip 34608	Country USA

08292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-0729434

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HOLLAND & KNIGHT, LLP C/O GEORGE B HOWELL III 100 NORTH TAMPA STREET STE 4100 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name JAMES T. STEPHENS Street Address (P.O. Box Number is Not Acceptable) 1203 Venitia Drive City Spring Hill, FL FL Zip Code 34608	
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 <i>James T. Stephens Receiver</i> Signature, typed or printed name of registered agent and title if applicable.	James T. Stephens, Receiver DATE September 2, 2005

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMER, WILLARD I 1428 BELLEVUE AVE DAYTONA BEACH, FL <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	PD DIXON, PATRICIA T 4037 N MONROE STREET TALLAHASSEE, FL <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	D TIMMER, MARILYN J 1428 BELLEVUE AVENUE DAYTONA BEACH, FL <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	REC STEPHENS, JAMES T C/O 400 N. ASHLEY DR., STE. 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVER STEPHENS, JAMES T. 1203 VENITIA DRIVE SPRING HILL, FL 34608 <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

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: *James T. Stephens Receiver* **James T. Stephens, Receiver** **9/2/05** **904/753-9040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #