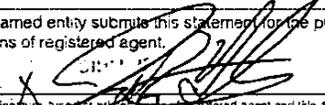
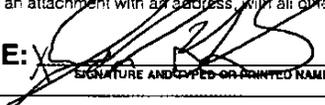


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 028 ***150.00

DOCUMENT # 190778					
1. Entity Name JACKSONVILLE MEMORY GARDENS, INC.					
Principal Place of Business 111 BLANDING BLVD ORANGE PARK, FL 32073			Mailing Address 111 BLANDING BLVD ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIPLEY, GLORIA A 111 BLANDING BLVD. ORANGE PARK, FL 32073			Name <u>John E Shipley</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>111 Blanding Blvd</u>		
			City <u>Orange Park</u>		
			State FL		
			Zip Code <u>32073</u>		
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 		John E Shipley		DATE <u>APRIL 7, 2005</u>	
SIGNATURE		Name of principal or registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIPLEY, GLORIA	NAME			
STREET ADDRESS	111 BLANDING BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	PALMER, VICTORIA S	NAME			
STREET ADDRESS	111 BLANDING BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	SHIPLEY, RALPH R JR	NAME			
STREET ADDRESS	111 BLANDING BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	KREPS, TERESA A	NAME			
STREET ADDRESS	111 BLANDING BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIPLEY, JOHN E F	NAME			
STREET ADDRESS	111 BLANDING BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE			
NAME	GALLUP, ANNETTE M	NAME			
STREET ADDRESS	111 BLANDING BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		John E Shipley		DATE <u>APRIL 7, 2005</u> (904) 272-2435	
SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Name		Date	