2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 190778

1. Entity Name
JACKSONVILLE MEMORY GARDENS, INC.

Principal Place of Business	Mailing Address
111 BLANDING BLVD ORANGE PARK, FL 32073	111 BLANDING BLVD ORANGE PARK, FL 32073

01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0779110

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIPLEY, JOHN F
111 BLANDING BLVD.
ORANGE PARK, FL 32073

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000082084
02/19/08-80001-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIPLEY, GLORIA
STREET ADDRESS	111 BLANDING BLVD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	V
NAME	PALMER, VICTORIA S
STREET ADDRESS	111 BLANDING BLVD.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	S
NAME	SHIPLEY, RALPH R JR
STREET ADDRESS	111 BLANDING BLVD.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	V
NAME	KREPS, TERESA A
STREET ADDRESS	111 BLANDING BLVD.
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	P
NAME	SHIPLEY, JOHN S
STREET ADDRESS	111 BLANDING BLVD
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	T
NAME	GALLUP, ANNETTE M
STREET ADDRESS	111 BLANDING BLVD
CITY-ST-ZIP	ORANGE PARK, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _____ X 2-5-08 X 9042722435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #