

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222560

FILED
Jan 23, 2009
Secretary of State

Entity Name: STATE PARK CEMETERY CO.

Current Principal Place of Business:

3402 34TH STREET
3402 34TH STREET
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

3402 34TH STREET
PO BOX 3643
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-0865696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSON, JAMES R
3402 34TH STREET
ORLANDO, FL 32805 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: PTD () Delete
Name: HENSON, JAMES R,
Address: 3402 34TH STREET
City-St-Zip: ORLANDO, FL 32805 US

Title: VSD (X) Delete
Name: HENSON, WILMER H,
Address: 11204 FANGHORN DRIVE
City-St-Zip: ORLANDO, FL 32825 US

Title: ASAT () Delete
Name: HENSON, PATRICIA A,
Address: 1166-220 CARMEL CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: C () Delete
Name: HENSON, JAMES R.,
Address: 3402 34TH STREET
City-St-Zip: ORLANDO, FL 32805 US

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 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: JAMES R. HENSON

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date