

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 241522

1. Entity Name

PARKLAWN MEMORY GARDENS, INC.



Principal Place of Business

2966 BELCHER ROAD NORTH
PALM HARBOR FL 34683-6998

Mailing Address

ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

100 North Tampa Street

Suite, Apt. #, etc.
Suite 4100

City & State
Tampa, FL

Zip
33602

Country

4. FEI Number

59-1168826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND & KNIGHT, LLP
ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100 N. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TS ☐ Delete
NAME WALSH, MICHAEL P
STREET ADDRESS 458 VILLAGE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE P ☐ Delete
NAME WALSH, MARILYN JEAN
STREET ADDRESS 458 VILLAGE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE RECE ☐ Delete
NAME STEPHENS, JAMES T
STREET ADDRESS 400 NORTH ASHLEY DRIVE, STE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500033449215
04/21/04--01060--007 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 APR 14 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)