


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 291883</b>	
1. Entity Name FOREST LAWN MEMORIAL GARDENS CEMETERY OF LAKE CITY, FLORIDA	

Principal Place of Business 264 SW FOREST LAWN WAY LAKE CITY, FL 32025 US	Mailing Address P.O. BOX 783 LAKE CITY, FL 32056
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01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1296527	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRY, SR., THEODORE L  
264 SW FOREST LAWN WAY  
LAKE CITY, FL 32025

**DO NOT WRITE IN THIS SPACE**

B. 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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000729562 05/08/07-80045-004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRY, AMY B 264 SW FOREST LAWN WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUERRY, THEODORE L SR. 264 SW FOREST LAWN WAY LAKE CITY, FL 32025
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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:** Theodore L. Guerry, Sr.      04/23/07      386-752-6633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #