

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 264 SW FOREST LAWN WAY P.O. BOX 783
 LAKE CITY, FL 32025 US LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1296527 Not Applicable

5. Certificate of Status Desired \$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

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUERRY, AMY B
STREET ADDRESS	264 SW FOREST LAWN WAY
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	ST
NAME	GUERRY, THEODORE L SR.
STREET ADDRESS	264 SW FOREST LAWN WAY
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/09/08-80037-012 158.75

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. 03/20/2008 386-752-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Theodore L. Guerry, Sr., Secretary/Treasurer