


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 341382 1. Entity Name GENERAL MEMORIALS INC					
Principal Place of Business 11420 PALM BEACH BLVD. FT MYERS FL 33905 US			Mailing Address 11420 PALM BEACH BLVD. FT MYERS FL 33905 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LETTER, ERIC T. 11420 PALM BEACH BLVD. FT MYERS FL 33905				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-1232708 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GROFF, MARISA 18990 SERENDA CT NE ALVA FL 33920		TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/02/04-80011-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LETTER, ERIC T. 11420 PALM BEACH BLVD. FT. MYERS FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/02/04-80011-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LETTER, ERIC T. 11420 PALM BEACH BLVD. FT MYERS FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/02/04-80011-003 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	



MOORE CR2E034 (11/03)

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

2-27-2004

Date

Daytime Phone #