

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 028 ***150.00

DOCUMENT # 396613

1. Entity Name

CEMETERY STRUCTURES, INC.



Principal Place of Business

2929 S.E. OCEAN BLVD. (103-5)
P.O. BOX 1076
STUART FL 34996-2718
US

Mailing Address

PO BOX 1076
STUART FL 34995



2. Principal Place of Business

2929 SE OCEAN BLVD

3. Mailing Address

2929 SE OCEAN BLVD

Suite, Apt. #, etc.

103-5

Suite, Apt. #, etc.

103-5

City & State

STUART FL

City & State

STUART, FL

Zip

34996

Country

USA

Zip

34996

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1497211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, H.L.
2929 SE OCEAN BLVD. (103-5)
STUART FL 34996

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 file it application

(NOTE: Registered Agent signatures required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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	DPS	<input type="checkbox"/> Delete
NAME	NEWTON, H.L.	
STREET ADDRESS	2929 S.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NEWTON, HARLAN JR	
STREET ADDRESS	5472 PINE CREEK DR	
CITY-ST-ZIP	STUART FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

H.L. Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.L. NEWTON 2/20/06 772-283-7277

Date

Daytime Phone #