2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM **DOCUMENT # 532990 Secretary of State** MASTERS MEMORIAL GARDENS, INC. Principal Place of Business Mailing Address 4070 SILVER LAKE DR 4070 SILVER LAKE DR PALATKA, FL 32177 PALATKA, FL 32177 CR2E034 (10/03) 01072005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1753475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEDSTROM, EDWARD E DO NOT WRITE 601 ST. JOHNS AVE. PALATKA, FL 32077 IN THIS SPACE \$. 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NORTHCUTT, MADELINE 3015 CRILL AVE. STREET ADDRESS PALATKA, FL. CITY-SY-ZIP UUUUUU231122 TITLE UZ/167US-8CD18-U19 1SU.OU MASTERS, QUINCY H. NAME STREET ADDRESS 3015 CRILL AVE. PALATKA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIE NAME

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:

STREET ADDRESS CITY-ST-ZIP

Ceylime Phone #