


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 706997 1. Entity Name THE FLORIDA CONCRETE BURIAL VAULT ASSOCIATION, INC.	
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Principal Place of Business 5050 NEW KINGS ROAD JACKSONVILLE, FL 32209	Mailing Address 5050 NEW KINGS ROAD JACKSONVILLE, FL 32209
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2793405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MADDOX, WILLIAM H JR 5050 NEW KINGS RD JACKSONVILLE, FL 32209	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENTZ, WILLIAM R 2411 CRYSTAL DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODARD, ROBERT F JR 3717 36TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADDOX JR, WM H 5050 NEW KINGS ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKS, DANIEL J 13399 NW 113TH AVE RD HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000360549
05/05/05-80035-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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  **WILLIAM H. MADDOX JR.** **4-28-2005** **(904) 765-2641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #