


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 706997**  
1. Entity Name  
**THE FLORIDA CONCRETE BURIAL VAULT  
ASSOCIATION, INC.**



Principal Place of Business <b>5050 NEW KINGS ROAD JACKSONVILLE, FL 32209</b>	Mailing Address <b>5050 NEW KINGS ROAD JACKSONVILLE, FL 32209</b>
--	--

**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-NP CR2E037 (4/06)

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

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 \_\_\_\_\_

**Filing Fee is \$81.25  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

400000564117  
05/20/06-80048-001 61.25

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 38TH 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	

**DO NOT WRITE  
IN THIS SPACE**

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 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. **WILLIAM H. MADDOX JR.** 5-18-2006 (904) 765-2641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #