

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2005
Secretary of State**

DOCUMENT# 717838

Entity Name: ASTOR PARK CEMETERY, INC.

Current Principal Place of Business:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

New Mailing Address:

FEI Number: 59-2869820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, JOHN W
22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUTCHINSON, JOHN W
Address: 22200 BLUE CREEK LODGE RD
City-St-Zip: ASTOR, FL 32102

Title: DST () Delete
Name: HUNSTMAN, RUTH
Address: 21329 DARDEN RD
City-St-Zip: ASTOR, FL 32102

Title: D () Delete
Name: SHADDIX, JAMES E
Address: 22406 BLUE CREEK LODGE RD
City-St-Zip: ASTOR, FL 32102

Title: D () Delete
Name: TRAPPE, EDWARD
Address: 22324 BLUECREEK LODGE RD
City-St-Zip: ASTOR, FL 32102

Title: D () Delete
Name: HASLEY, DOUGLAS
Address: 43 MCBANE STREET
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: GUSTAFSON, THOMAS
Address: 54730 GUSTAFSON DR
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W HUTCHINSON

DP

04/12/2005

Electronic Signature of Signing Officer or Director

Date