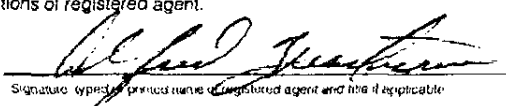
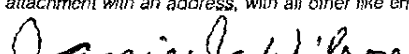


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 748868 1. Entity Name ROSE CEMETERY ASSOCIATION, INC.					
Principal Place of Business 312 E HARRISON ST TARPON SPRINGS FL 34689			Mailing Address P O BOX 1634 TARPON SPRINGS FL 34688-1634		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FLI Number 26-3741061				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent QUARTERMAN, ALFRED 7704 GREYBRICH TERRACE PORT RICHEY FL 34668				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  DATE 2/13/06 Signature of principal or registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, CLIFORD JR PO BOX 1613 TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/27/06-80019-012 70.00 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, FRANK C 3636 LATIMER STREET NEW PORT RICHEY FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD/T WILSON, JANIE J 320 HARRISON ST TARPON SPRINGS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T QUARTERMAN, ALFRED 7704 GREYBRICH TERRACE TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HICKS, BOBBIE L 426 OAKWOOD STREET TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEAL, STANLEY 312 E MT LUTHER KING DR TARPON SPRINGS FL 34689	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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 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:  DATE: **2/13/06** 774 937 308