


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90006 039 ****61.25

DOCUMENT # 759911

1. Entity Name
MARCO ISLAND CEMETERY, INC.



Principal Place of Business
**489 W. ELKCAM CIRCLE
 MARCO ISLAND, FL 34145 US**

Mailing Address
**P.O. BOX 23
 MARCO ISLAND, FL 34146**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country Zip Country

4. FEI Number
59-2222856

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZUMBRUN, PHOEBE V.
~~467 TALLWOOD #306~~ 465 BALD EAGLE #1
 MARCO ISLAND, FL 34145**

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 *Phoebe V. Zumbun* **PHOEBE V. ZUMBRUN** 1-7-04
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, 2004**

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

TITLE: PD NAME: WATSON, CLAYTON W STREET ADDRESS: 191 BEACHCOMBER CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE: D NAME: EVANSON, MILTON L STREET ADDRESS: 1958 SHEFFIELD CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE: D3 NAME: BOWEN, LESTER STREET ADDRESS: 185 WATERSIDE CIR., #101 CITY-ST-ZIP: MARCO ISLD, FL 34145	<input type="checkbox"/> Delete
TITLE: TM NAME: ZUMBRUN, PHOEBE V. STREET ADDRESS: 457 TALLWOOD #203 465 BALD EAGLE #1 CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE: D NAME: HASSELL, BRIAN STREET ADDRESS: 522 5TH AVENUE 191 S. BANAMA CITY-ST-ZIP: MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Clayton W. Watson President 5-19-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #