

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90017 049 ****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.

02242005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2222856

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

ZUMBRUN, PHOEBE V.
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* 2-24-2005
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. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON ROBERTSON	
STREET ADDRESS	165 LELAND WAY	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, LESTER	
STREET ADDRESS	700 INLET DR.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Aaron B. Robertson* 239-394-3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #