
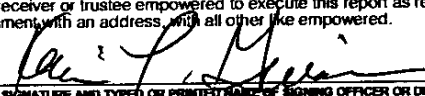


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 008 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZUMBRUN, PHOEBE V. 465 BALD EAGLE #1 MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTSON, AARON		NAME	PRESIDENT	
STREET ADDRESS	165 LELAND WAY		STREET ADDRESS	KEVIN L. GRISSOM	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	21437 SHERIDAN RUN	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANSON, MILTON L		NAME		
STREET ADDRESS	1958 SHEFFIELD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D3	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWEN, LESTER		NAME		
STREET ADDRESS	700 INLET DR		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLD, FL 34145		CITY-ST-ZIP		
TITLE	TM	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUMBRUN, PHOEBE V.		NAME	TM BARBARA WATERS GRISSOM	
STREET ADDRESS	465 BALD EAGLE #1		STREET ADDRESS	21437 SHERIDAN RUN	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASSELL, BRIAN		NAME		
STREET ADDRESS	191 S BAHAMA		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/3/06 239-394-3469		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		