

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000168

FILED
Mar 15, 2004
Secretary of State

Entity Name: DORMAN MAUSOLEUM COMPANY

Current Principal Place of Business:

3555 GATEWAY ST.
SUITE 200
SPRINGFIELD, OR 97477

New Principal Place of Business:

Current Mailing Address:

3555 GATEWAY ST.
SUITE 200
SPRINGFIELD, OR 97477

New Mailing Address:

FEI Number: 93-1292541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DORMAN, STEVE
Address: 32986 ROBERTS COURT
City-St-Zip: COBURG, OR

Title: VD () Delete
Name: HILL, NORM
Address: 32986 ROBERTS COURT
City-St-Zip: COBURG, OR

Title: STD () Delete
Name: LOFTIS, TIM
Address: 32986 ROBERTS COURT
City-St-Zip: COBURG, OR

Title: D () Delete
Name: WOSPB, MICHAEL
Address: 932 N. LONG ST.
City-St-Zip: SALISBURY, NC 28146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DORMAN, STEVE
Address: 3555 GATEWAY STREET, SUITE 200
City-St-Zip: SPRINGFIELD, OR 97477

Title: VD (X) Change () Addition
Name: HILL, NORM
Address: 3555 GATEWAY STREET, SUITE 200
City-St-Zip: SPRINGFIELD, OR 97477

Title: STD (X) Change () Addition
Name: LOFTIS, TIM
Address: 3555 GATEWAY STREET, SUITE 200
City-St-Zip: SPRINGFIELD, OR 97477

Title: D (X) Change () Addition
Name: WEBB, MICHAEL
Address: 932 N. LONG ST.
City-St-Zip: SALISBURY, NC 28146

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE DORMAN

PD

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date