


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90101 023 ***158.75

DOCUMENT # F75939 1. Entity Name SEA PINES MEMORIAL GARDENS, INC.					
Principal Place of Business 3001 S. US HWY. #1 P.O.BOX 236 EDGEWATER FL 32141 US			Mailing Address 3001 S. US HWY. #1 P.O.BOX 236 EDGEWATER FL 32132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2378379 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JOHNSON, WALTER C. 406 S. ORANGE ST. NEW SMYRNA BCH. FL 32069	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WALTER C.		NAME		
STREET ADDRESS	406 S. ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH. FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSLEY, JAMES		NAME		
STREET ADDRESS	827 SAWGRASS LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH. FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY, MARTHA		NAME		
STREET ADDRESS	412 TIMBERLANE DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH. FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHREY, JAMES D SR		NAME		
STREET ADDRESS	412 S. TIMBERLINE DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		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		
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 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 607, 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: <i>Martha Humphrey</i> MARTHA HUMPHREY <i>4-19-04</i> 386-428-8519 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					