


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F75939 1. Entity Name SEA PINES MEMORIAL GARDENS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2378379	Applied For Not Applicable
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

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, WALTER C. 406 S. ORANGE ST. NEW SMYRNA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSLEY, JAMES 827 SAWGRASS LANE NEW SMYRNA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUMPHREY, MARTHA 412 TIMBERLANE DR. NEW SMYRNA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMPHREY, JAMES D SR 412 S. TIMBERLINE DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80132-005 158.75

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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: Martina S. Humphrey 4-22-05 (386) 428-8519
MARTHA S. HUMPHREY SECRETARY-TREASURER