2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F75939

1. Entity Name
SEA PINES MEMORIAL GARDENS, INC.

Principal Place of Business	Mailing Address
3001 S. US HWY. #1 P.O.BOX 236 EDGEWATER, FL 32141 US	3001 S. US HWY. #1 P.O.BOX 236 EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2378379
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 _____ 4-5-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000501265
04/25/06-80055-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, WALTER C.
STREET ADDRESS	406 S. ORANGE ST.
CITY-ST-ZIP	NEW SMYRNA BCH., FL
TITLE	VP
NAME	PARSLEY, JAMES
STREET ADDRESS	627 SAWGRASS LANE
CITY-ST-ZIP	NEW SMYRNA BCH., FL
TITLE	ST
NAME	HUMPHREY, MARTHA
STREET ADDRESS	412 TIMBERLANE DR.
CITY-ST-ZIP	NEW SMYRNA BCH., FL
TITLE	VP
NAME	HUMPHREY, JAMES D SR
STREET ADDRESS	412 S.TIMBERLINE DR.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Martha Humphrey MARTHA Humphrey 4-5-06 386-428-8519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #