



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92797					
1. Entity Name BELLEVUE MEMORY GARDENS, INC.					
Principal Place of Business C/O MARILYN TIMMER 1428 BELLEVUE AVE. DAYTONA BEACH, FL 32114-3939 US			Mailing Address ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address <i>100 North Tampa St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 4100</i>			
City & State		City & State <i>TAMPA, FL</i>			
Zip	Country	Zip <i>33602</i>	Country		
4. FEI Number 59-2288286				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND & KNIGHT, LLP ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) <i>100 North Tampa St</i> <i>Suite 4100</i> 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		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 NAME STREET ADDRESS CITY-ST-ZIP	DP TIMMER, WILLARD I 1425 BELLEVUE AVE DAYTONA BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300033448653 04/21/04--01060--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMMER, MARILYN F 1425 BELLEVUE AVE DAYTONA BCH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R STEPHENS, JAMES T 1425 BELLEVUE AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECE STEPHENS, JAMES T 400 N. ASHLEY DRIVE, STE 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 687, 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>James Stephens, Receiver</i>			Date _____ Daytime Phone # _____		