2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | MENT # F92797 | | | · 11 | | |
|--|--|---------------------------------------|--|--------------------------------------|--|--|
| 1. Entity Name BELLEVUE MEMORY GARDENS, INC. | | | | , | L. E. B. 14 AM II: 51 | |
| | | | | OL APR | 14 4911 | |
| Principal Place | e of Business | Mailing Address | | 7 | TARY OF STATE MASSEE, FLORIDA | |
| C/O MARILYN TIMMER ATTN: GEORGE B. HOWE 1428 BELLEVUE AVE. 400 N. ASHLEY DRIVE, S | | | | SECHL | ASSEE, The | |
| | ACH, FL 32114-3939 US | TAMPA, FL 33602 | | | BE BURN BERNERIKAN KAN BERNERIKAN BERKARAN KAN | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | Tunka | | | |
| Suite, Apt. | #, etc. | Suite, Apt, #, etc. | Janque | 04142004 Chg-P | CR2E034 (10/03) | |
| Suite 4/8 City & State City & State | | | <u> </u> | 4. FEI Number | Applied For | |
| City & State | | TAMPA, | <u>=/</u> | 59-2288286 | Not Applicable | |
| Zip | Country | 33602 | Country | 5. Certificate of Status Desired | S8.75 Additional Fee Required | |
| | 6. Name and Address of Current | | Name [,] | 7. Name and Address of New | Registered Agent | |
| HOLLAND | & KNIGHT, LLP | | | | | |
| ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 | | | Street Address (P.O. Box Number is Not (Scentable) | | | |
| TAMPA, FL 33602 | | | Si | ute 4/00_ | | |
| | | | 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 | | | | | | |
| SIGNATURE: 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | | | |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 11 | |
| TITLE NAME | DP TIMMER, WILLARD I | Delete | TITLE NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1425 BELLEVUE AVE DAYTONA BCH, FL | • | STREET ADORESS CITY-ST-ZIP | 300033 04/21/04—0106 | 4486 53 0002 **150.00 | |
| TITLE | SD SD | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | TIMMER, MARILYN F 1425 BELLEVUE AVE | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BCH, FL | | CITY-ST-ZIP | | * 111 - 2011 - 20 - 1110 - 11110 | |
| TITLE NAME | R STEPHENS, JAMES T | ☐ Delete | TITLE NAME | | Change Addition | |
| STREET ADDRESS | 1425 BELLEVUE AVENUE | , | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | П о | CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE · NAME | RECE STEPHENS, JAMES T | ☐ Delete | NAME . | | Change (| |
| STREET ADDRESS CITY-ST-ZIP | 400 N. ASHLEY DRIVE, STE 23 TAMPA, FL 33602 | 00 | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE | 7,4,4,7,2,0002 | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | NAME Street address | | | |
| CITY-ST-ZIP | | • | CITY-ST-ZIP | , | to a Market | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | • | STREET ADDRESS | | · | |
| CITY-ST-ZIP | and the that the information consilied with | h this filing does not qualify for th | CITY-ST-ZIP | Section 119 07/3Vi) Florida Statutes | L further certify that the information | |
| 12. I hereby certify that the information supplied with this filling 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 br trustee empowered to execute this report as fequired 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 tike empowered. | | | | | | |
| changed | , or on an attachment with an address, | with all other like empowered. | | | • | |
| SIGNAT | URE: SKINATURE AND TYPER OR | PRINTED NAME OF SIGNING OFFICER OR | | cerec | Daytime Phone # | |
| · | | 7 | | | | |
| | 1 / | | | | 1 11 | |