



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 038 ***550.00

DOCUMENT # H01327 1. Entity Name BELLEVUE - CEDAR HILL MEMORY GARDENS FUNERAL HOME, INC.					
Principal Place of Business C/O MARILYN TIMMER 1425 BELLEVUE AVENUE DAYTONA BEACH, FL 32114-3938 US			Mailing Address 100 NORTH TAMPA ST STE 4100 TAMPA, FL 33602		
2. Principal Place of Business 1203 Venitia Drive Suite, Apt. #, etc.		3. Mailing Address 1203 Venitia Drive Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">14019363</div> 	
City & State Spring Hill, FL		City & State Spring Hill, FL		4. FEI Number 59-2504001	
Zip 34608		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND & KNIGHT LLP 100 NORTH TAMPA ST STE 4100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name JAMES T. STEPHENS Street Address (P.O. Box Number is Not Acceptable) 1203 Venitia Drive City Spring Hill, FL	
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.				Zip Code 34608	
SIGNATURE <i>James T. Stephens Receiver</i> Signature, typed or printed name of registered agent and title if applicable.		James T. Stephens, Receiver (NOTE: Registered Agent signature required when reinstating)		September 2, 2005 DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIMMER, MARILYN J 1425 BELLEVUE AVE. DAYTONA BCH., FL			<input type="checkbox"/> Delete	<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 checked="" type="checkbox"/> Delete	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RECEIVER STEPHENS, JAMES T. 1203 VENITIA DRIVE SPRING HILL, FL 34608			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	<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 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 life empowered.					
SIGNATURE: <i>James T. Stephens Receiver</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		James T. Stephens, Receiver		9/2/05 Date	
				904/753-9040 Daytime Phone #	