2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H80269 1. Entity Name ABBEY-PARKLAWN MEMORY GARDENS FUNERAL HOME, INC.)	09-07-2005 9	90011 040 ***550).00
Principal Place of Business 2966 BELCHER ROAD NORTH PALM HARBOR, FL 34683 US TAMPA, FL 33602						III BAKA IIRIT AKIT IKI		1016) II 8111
	lace of Business (eπitia Drive	3. Mailing Address 1203 Veritia Drive						
Suite, Apt.		Suite, Apt. #, etc.		08292005	Chg-P	CR2E034 (10/03)		
City & State		City & State	·			Crig-r		
Spring Hill, FL		Spring Hill, FL		4. FEI Number 59-30115	596	 	pplied For ot Applicable	
Zip	Country USA	Zip 34608	Count	•	5. Certificate of	Status Desired	□ \$8.75 Ad	
34608	6. Name and Address of Current R		03		7. Name and A	ddress of New R	Fee Require	
HOULAND	A KNIOUT ALD			Name Lames T	. Stephens	_		
HOLLAND & KNIGHT, LLP 100 NORTH TAMPA ST				Street Address (P.O. Box Number is Not Acceptable)				
STE 4100 TAMPA, FL 33602			ŀ	1203 Vor	itis Orivo			
17.101 A, 1 E 30002			ŀ	1203 Ventitia Drive City Spring Hill, Ft. FL Zip Code 34608				
8. The above named entity submits this statement for the purpose of changing its register				' ' '				
the obligat سکنہ	igns of registered agent Sulf Signature, typed or printed name a registered agent en	s Receir	و ی		pheπs, Recei		September 2,	
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campai Trust Fund Conti			0.00 May Be ded to Fees			
10.	OFFICERS AND D		11,		ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	WALSH, MARILYN J	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	458 VILLAGE DRIVE TARPON SPRINGS, FL 34689		STRE	ET ADDRESS				
TITLE				eT 710				
IIIE	ST ST	☐ Delete	спу-	-ST-ZIP		····································	☐ Channe	☐ Addition
NAME	ST WALSH, MICHAEL P	☐ Delete		:		 	☐ Change	Addition
NAME STREET ADDRESS	ST WALSH, MICHAEL P 458 VILLAGE DRIVE	☐ Delete	CITY- TITLE NAME STREE	E Et address			☐ Change	☐ Addition
NAME	ST WALSH, MICHAEL P		CITY- TITLE NAME STREE	E E ET ADDRESS -ST-ZIP	CEIVER			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST WALSH, MICHAEL P 458 VILLAGE DRIVE TARPON SPRINGS, FL 34689 RECE STEPHENS, JAMES T	☐ Delete	CITY- TITLE NAME STREE CITY- TITLE NAME	E E E E E E E E E E E E E E E E E E E	CEIVER TEPHENS, JAME	es T.	☐ Change	Addition
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2. Thereby certify that the information supplied with this filling does not quality 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 rejetiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephems, Receiver

972/05

904 / 753 - 9040 Davime Phone #

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