

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 011 ***150.00

DOCUMENT # J09924



1. Entity Name

CENTRAL FLORIDA CREMATORIUM, INC.

Principal Place of Business
**% MARCUS A. MILAM
311 S MAIN STREET
GAINESVILLE FL 32601**

Mailing Address
**% MARCUS A. MILAM
311 S MAIN STREET
GAINESVILLE FL 32601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2696247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILAM, MARCUS A., III
311 S MAIN STREET
GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **MILAM, MARCUS A., III**
STREET ADDRESS **311 S MAIN STREET**
CITY- ST- ZIP **GAINESVILLE FL**

TITLE **S** ☐ Delete
NAME **MILAM, MARY KATHRYN**
STREET ADDRESS **311 S MAIN STREET**
CITY- ST- ZIP **GAINESVILLE FL**

TITLE **VPD** ☐ Delete
NAME **MILAM, ASHLEY L**
STREET ADDRESS **311 S MAIN STREET**
CITY- ST- ZIP **GAINESVILLE FL 32601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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 like empowered.

SIGNATURE:

Marcus A. Milam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS A. MILAM, III

July 18, 2005

Date

352-376-5361

Daytime Phone #

ATTACHMENT
50057340

July 18, 2005

Central Florida Crematorium, Inc.
311 S. Main Street
Gainesville, Florida 32601

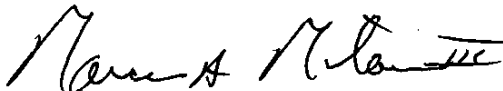
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, Florida 32324

RE: 2005 For Profit Corporation Annual Report (AR) Document # J09924.

Dear Sirs,

I want to apologize to you to begin this letter. We were never sent an annual report document to renew as we have been sent since 1990. We have filed one every year since we have been in business. I can't explain, what went wrong this year. The first time we thought of it is when received the attached post card of Notice of Intent to Dissolve. To say the least it took our breath away. I have no idea who may be at fault, but please don't penalize us for something that we never received. Thank you very much for taking this matter under consideration. Thank you very much for your leniency to us in this matter.

Sincerely,



Marcus A. Milam, III
President, Director & Treasurer