


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90148 003 \*\*\*\*61.25

<b>DOCUMENT # N00176</b> 1. Entity Name <b>THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.</b>					
Principal Place of Business <b>9900 PELOTE CEMETERY ROAD LITHIA, FL 33547</b>			Mailing Address <b>1931 JAUDON ROAD DOVER, FL 33527</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 655</b> Suite, Apt. #, etc.			
City & State _____		City & State <b>LITHIA, FL.</b>		4. FEI Number <b>59-2384574</b>	
Zip <b>33547</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LASTINGER, G. OSCAR 1931 JAUDON RD. DOVER, FL 33527</b>				7. Name and Address of New Registered Agent Name <b>TROY E. SURRENCY</b> Street Address (P.O. Box Number is Not Acceptable) <b>9917 HWY 39 SO.</b> <b>LITHIA</b> City <b>LITHIA</b> FL Zip Code <b>33547</b>	
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 <b>TROY E. SURRENCY - PRESIDENT</b> <i>Troy E. Surrency</i> <b>4-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASTINGER, G. OSCAR 1931 JAUDON RD. DOVER, FL 33527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURRENCY, TROY E 9917 HWY 39 SO. LITHIA, FL. 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUMNER, EMMETT D 4815 GRAPE MYRTLE LANE VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, BILL 1404 SWILLEY RD. LITHIA, FL. 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SURRENCY, TROY E 9917 HIGHWAY 39 SOUTH LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERCE, BARBARA 10237 BRYANT RD. LITHIA, FL. 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, BARBARA 10237 BRYANT RD LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, GEORGE P.O. BOX 227 LORIDA, FL 33857	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, GEORGE D 10540 BROWNING RD LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, JANICE P.O. BOX 549 LITHIA, FL. 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID E 9909 HARTER SMITH DR LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURRENCY, MIKE H. 9937 HWY 39 SO. LITHIA, FL. 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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>Troy E. Surrency - President</i> <b>TROY E. SURRENCY</b> <b>813 737-3455</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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