

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-31-2008 90015 038 ****61.25

DOCUMENT # N01000007779

1. Entity Name
THE QUEEN COX LIMESTONE CEMETERY TRUST, INC.



Principal Place of Business
**6125 HWY 181 E.
WESTVILLE FL 32464**

Mailing Address
**6125 HWY 181 E.
WESTVILLE FL 32464**

66002885



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
5106 Enchanted Timbers
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
Humble Texas

Zip
77346

Country
USA

4. FEI Number
90-6002802

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COX, JOEL M
6125 HWY 181 E
WESTVILLE FL 32464
6125 Hwy 181 E
Westville, FL 32464**

7. Name and Address of New Registered Agent
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 *Joel M Cox* DATE 1/24/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, SANDRA R 913 MAYTON RD BANKS AL 36005	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILBO, SHIRLEY 1538 VALLEY RD TALLAHASSEE FL 32301	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, L L 6125 HWY 181 EAST WESTVILLE FL 32464	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, JOEL M 5106 ENCHANTED TIMBERS HUMBLE TX 77346	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joel M Cox* DATE 1/24/08 281-989-6026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR