


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

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000001837 Entity Name HISTORIC PINEWOOD CEMETERY CORPORATION	
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Principal Place of Business 301 MAIN STREET DAYTONA BEACH, FL 32118	Mailing Address PO BOX 263146 DAYTONA BEACH, FL 32126
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 92-0193900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOREST, MICHAEL J
105 NORTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARRINGTON, WILLIAM SR. 808 IRON HORSE DR. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA MOUNTAIN, GERRY 11 GATEHOUSE COURT DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, JR, AUGUSTUS 1302 SAN JOSE BOULEVARD HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOREST, MICHAEL J 105 NORTH HALIFAX AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIBBY, GARY R 723 NORTH OLEANDER AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JAMES T 928 SOUTH PENINSULA DRIVE DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

U00000382511
01/12/06-80013-019 61.25

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: Michael J. Forest **1-9-06 (986) 252-0327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #