

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

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 011 ****61.25

DOCUMENT # N03000008108

1. Entity Name
THE HUGHES CEMETERY, INC.



Principal Place of Business
2600 C.H. ARNOLD RD
ST AUGUSTINE, FL 32092

Mailing Address
2600 C.H. ARNOLD RD
ST AUGUSTINE, FL 32092

20028166



04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 56-2421331 | 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

CARR ANDREWS, VICKIE RENEE
2600 C.H. ARNOLD RD
ST AUGUSTINE, FL 32092

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P STEVENS CARR, ANNETTE I 2724 S. COLLINS AVE. ST. AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP STEVENS LAMBERT, SARAH MELINDA 3076 EAST ANDERSON DR. LITHIA SPRINGS, GA 30057 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST CARR ANDREWS, VICKIE RENEE 2600 CH ARNOLD RD. ST. AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Vickie C. Andrews **Vickie C. Andrews**

4/10/06 **4/10/06** *904-824-3323* **904-824-3323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #