2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009756

1. Entity Name
CARLTON CEMETERY, INC.

Principal Place of Business	Mailing Address
CARLTON CEMETERY RD PERRY, FL 32348	PO BOX 1081 PERRY FL. 3230 PERRY, FL 32348

04152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
04-3783054
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, DIANE C
18942 GOOD TIMES DR
PERRY, FL 32348

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	CARLTON, DIANE C
STREET ADDRESS	18942 GOOD TIMES DR
CITY-ST-ZIP	PERRY, FL 32348
TITLE	D
NAME	CARLTON, LELAND
STREET ADDRESS	7055 PUCKETT RD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	D
NAME	CARLTON KINSEY, MARILYN
STREET ADDRESS	2245 KINSEY RD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	D
NAME	WHITFIELD, DIANE V
STREET ADDRESS	6740 A WHITFIELD LANE
CITY-ST-ZIP	PERRY, FL 32348
TITLE	D
NAME	SMITH, RICHARD E
STREET ADDRESS	PO BOX 434
CITY-ST-ZIP	PERRY, FL 32348
TITLE	D
NAME	BUCKHALTER, RONNIE E
STREET ADDRESS	7195 PUCKETT RD
CITY-ST-ZIP	PERRY, FL 32348

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05/04/06-80003-004 61.25

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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: Richard E. Smith RICHARD E. SMITH 4-15-06 850-584-4931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #