


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000009756	
<b>1. Entity Name</b> CARLTON CEMETERY, INC.	

<b>Principal Place of Business:</b> CARLTON CEMETERY RD PERRY, FL 32348	<b>Mailing Address</b> PO BOX 1081 PERRY FL 3230 PERRY, FL 32348
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**DO NOT WRITE IN THIS SPACE**



04082007 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 04-3783054	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000701498</b> <b>04/20/07-80062-003 61.25</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CARLTON, DIANE C 18942 GOOD TIMES DR PERRY, FL 32348
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CARLTON, LELAND 7055 PUCKETT RD PERRY, FL 32348
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CARLTON KINSEY, MARILYN 2245 KINSEY RD PERRY, FL 32348
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WHITFIELD, DIANE V 8740 A WHITFIELD LANE PERRY, FL 32348
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SMITH, RICHARD E PO BOX 434 PERRY, FL 32348
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BUCKHALTER, RONNIE E 7195 PUCKETT RD PERRY, FL 32348

**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:** *Richard E. Smith* **4-9-07** **850-584-4931**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #