

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009756

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: CARLTON CEMETERY, INC.

## Current Principal Place of Business:

CARLTON CEMETERY RD  
PERRY, FL 32348

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1081  
PERRY FL 3230  
PERRY, FL 32348

## New Mailing Address:

FEI Number: 04-3783054      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARLTON, DIANE C  
Address: 18942 GOOD TIMES DR  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: CARLTON, LELAND  
Address: 7055 PUCKETT RD  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: CARLTON KINSEY, MARILYN  
Address: 2245 KINSEY RD  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: WHITFIELD, DIANE V  
Address: 6740 A WHITFIELD LANE  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: SMITH, RICHARD E  
Address: PO BOX 434  
City-St-Zip: PERRY, FL 32348

Title: D ( ) Delete  
Name: BUCKHALTER, RONNIE E  
Address: 7195 PUCKETT RD  
City-St-Zip: PERRY, FL 32348

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SMITH

TRES

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date