

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
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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