



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90027 001 \*\*\*\*61.25

<b>DOCUMENT # N05000003582</b> 1. Entity Name <b>SPRINGHEAD CEMETERY, INC.</b>					
Principal Place of Business <b>4700 COUNTY LINE RD LAKELAND, FL 33811</b>			Mailing Address <b>4700 COUNTY LINE RD LAKELAND, FL 33811</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1204 W. CHARLIE GRIFFIN RD</b>			
City & State Suite, Apt. #, etc.		City & State <b>Plant City FL</b>		4. FEI Number <b>51-0545771</b>	
Zip <b>33566</b>		Country <b>NIKKBOADUSH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARVEY, HANS 1204 W CHARLIE GRIFFIN RD PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title, if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARVEY, HANS 4700 COUNTY LINE RD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1204 W. CHARLIE GRIFFIN RD PLANT CITY FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARVEY, TONY 4700 COUNTY LINE RD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>321 SPARKMAN RD PLANT CITY FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRATTON, DELMAR 4700 COUNTY LINE RD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1106 WIGGINS RD PLANT CITY FL 33566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERLAND, ROY 4700 COUNTY LINE RD LAKELAND, FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D 4710 COUNTY LINE RD LAKELAND FL 33811</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, OLAN 501 W CHERRY ST PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, WAYNE 1601 TRAPNELL RD PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENRY STEWART 3003 FRANK MOORE RD PLANT CITY FL 33566</b>	
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: <b>HANS HARVEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3-23-06</b> 813 752-1483 <small>Daytime Phone #</small>		