2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N05000003582

Entity Name: SPRINGHEAD CEMETERY, INC.

Current Principal Place of Business:

4700 COUNTY LINE RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

1204 W. CHARLIE GRIFFIN RD
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 51-0545771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, HANS
1204 W CHARLIE GRIFFIN RD
PLANT CITY, FL 33566 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:	PD	( ) Delete
Name:	HARVEY, HANS	
Address:	1204 W. CHARLIE GRIFFIN RD	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	VD	( ) Delete
Name:	YOUNG, LAMAR	
Address:	2637 EAGLE GREEN DR.	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	SD	( ) Delete
Name:	STRATTON, DELMAR	
Address:	1106 WIGGINS RD	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	TD	( ) Delete
Name:	SOUTHERLAND, ROY	
Address:	4710 COUNTY LINE RD	
City-St-Zip:	LAKELAND, FL 33811	
Title:	D	( ) Delete
Name:	STEPHENS, OLAN	
Address:	3840 RALSTON RD	
City-St-Zip:	PLANT CITY, FL 33566	
Title:	D	( ) Delete
Name:	STEWART, HENRY	
Address:	3003 FRANK MOORE RD	
City-St-Zip:	PLANT CITY, FL 33566	

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: HANS HARVEY PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date