

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N05000003969		
1. Entity Name H.J. LARKIN ENDOWED CEMETERY CORPORATION		

Principal Place of Business 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168	Mailing Address 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business - No P.O. Box # <i>434 North Myrtle Ave</i>	3. Mailing Address <i>434 North Myrtle Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>New Smyrna Beach, FL 32168</i>	City & State <i>New Smyrna Beach, FL</i>
ZIP <i>32168</i>	Country <i>32168</i>

6. Name and Address of Current Registered Agent	
HORNE, ELLA M 201 OAK STREET NEW SMYRNA BEACH, FL 32168	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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

*Ella M. Horne*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

*4/30/07*

Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD BROWN, MELVIN J 209 HICKORY STREET NEW SMYRNA BEACH, FL 32168</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD MUJAHID, HABIBULLAH H 434 N. Myrtle Ave New Smyrna Beach, FL 32168</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DV MUJAHID, HABIBULLAH H 434 NORTH MYRTLE AVE NEW SMYRNA BEACH, FL 32168</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DV J. B. Bragg's 1153 Field St. New Smyrna Beach, FL 32168</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DS ANDERSON-HORNE, ELLA M 201 OAK STREET NEW SMYRNA BEACH, FL 32168</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DS Anderson-Horne, ELLA M 201 OAK street New Smyrna Beach, FL 32168</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DT BLACKWOOD, RONALD A 5275 ATLANTIC AVE UNIT 408 NEW SMYRNA BEACH, FL 32169</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>DT Blackwood, RONALD A 5275 ATLANTIC Ave UNIT 408 New SMYRNA Beach, FL 32168</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D HORNE, DONALD A SR 201 OAK STREET NEW SMYRNA BEACH, FL 32168</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D HORNE, DONALD A SR. 201 OAK ST NEW SMYRNA Beach, FL 32168</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D ROGERS, GORDON SR 547 JOSIE STREET NEW SMYRNA BEACH, FL 32168</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	

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: *Ella M. Horne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 404-433-8258  
Date Daytime Phone #

**FILED  
May 16, 2007 8:00 am  
Secretary of State**

05-16-2007 90162 001 \*\*\*140.00