


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90015 006 ****61.25

DOCUMENT # N07000011034	
1. Entity Name BURRELL MEMORIAL CEMETERY, INC.	

Principal Place of Business 6426 SE 41ST COURT OCALA, FL 34480	Mailing Address 6426 SE 41ST COURT OCALA, FL 34480
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 45-0580605	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLMON, JACOB L 6426 SE 41ST COURT OCALA, FL 34480		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLMON, JACOB L			NAME			
STREET ADDRESS	6426 SE 41ST COURT			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, WAYNE			NAME			
STREET ADDRESS	6426 SE 41ST COURT			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOONE, ARLENE			NAME			
STREET ADDRESS	6426 SE 41ST COURT			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSKY, RALPH T			NAME			
STREET ADDRESS	6426 SE 41ST COURT			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLMON, WILLIAM FIN-SEC			NAME			
STREET ADDRESS	6426 SE 41ST COURT			STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Jacob L. Gallmon Tacob L. Gallmon 4/21/08 (352) 622-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #