


2004 CORPORATION ANNUAL REPORT


FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT #N11000002762
 1. Entity Name
ENTERPRISE EVERGREEN CEMETERY, INC.



Principal Place of Business Mailing Address
190 CLARK STREET **190 CLARK STREET**
ENTERPRISE, FL 32725 **ENTERPRISE, FL 32725**

DO NOT WRITE IN THIS SPACE



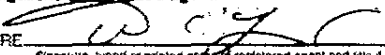
02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1707634	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LONG, WILLIAM T
145 S HWY 17-92
DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

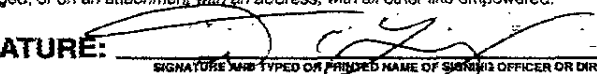
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000050073 02/13/04-80049-004 158.75
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, WT
STREET ADDRESS	145 S HWY 17-92
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	S
NAME	PETERMAN, F.C.
STREET ADDRESS	106 3RD. ST.
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	T
NAME	BRUCE, J W
STREET ADDRESS	190 CLARK STREET
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	VP
NAME	HARDIN, W J
STREET ADDRESS	P.O. BOX 4222
CITY-ST-ZIP	ENTERPRISE, FL 32725
TITLE	VP
NAME	PADGETT, MARK
STREET ADDRESS	521 RANDON TERRACE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR