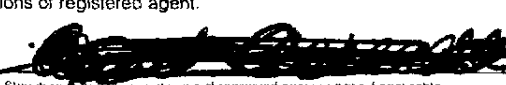


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N14922 1. Entity Name ROBERTS CEMETERY, INC.					
Principal Place of Business C/O DAVID C. ROBERTS 190 PET PATCH RD. WEWAHITCHKA FL 32465			Mailing Address PO BOX 426 WEWAHITCHKA FL 32465		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2908414	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBERTS, DAVID C 190 PET PATCH RD. WEWAHITCHKA FL 32465				7. Name and Address of New Registered Agent 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  Signature of person or firm named as registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering) <i>stay the same as above!</i> DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROBERTS, DAVID		NAME	U00000491023	
STREET ADDRESS	190 PET PATCH RD.		STREET ADDRESS	04/19/06-80006-004 61.25	
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	GRIFFIN, GERALD		NAME		
STREET ADDRESS	P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	MCDANIEL, WARD		NAME		
STREET ADDRESS	P.O. BOX 823 /160 MINNIE OLA LN		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BIDWELL, APRIL		NAME		
STREET ADDRESS	111 FORT PLACE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BIDWELL, DAVID		NAME		
STREET ADDRESS	180 KYE'S LN.		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LESTER, JIMMY		NAME		
STREET ADDRESS	P.O. BOX 413		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.