

ANNUAL REPORT (AR)

DOCUMENT # N14922

1. Entity Name

ROBERTS CEMETERY, INC.



FILED
Mar 20, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

Suite, Apt #, etc

3. Mailing Address

Suite, Apt. #, etc

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2908414

Applied For

Not Applicable

Zip

Country

Zip

Country

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE DC ☐ Delete
NAME ROBERTS, DAVID
STREET ADDRESS 190 PET PATCH RD.
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ Delete
NAME GRIFFIN, GERALD
STREET ADDRESS P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ Delete
NAME MCDANIEL, WARD
STREET ADDRESS P.O. BOX 823 /160 MINNIE OLA LN
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE DST ☐ Delete
NAME BIDWELL, APRIL
STREET ADDRESS 111 FORT PLACE CIRCLE
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ Delete
NAME BIDWELL, DAVID
STREET ADDRESS 180 KYE'S LN.
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ Delete
NAME LESTER, JIMMY
STREET ADDRESS P.O. BOX 413
CITY-ST-ZIP WEWAHITCHKA FL 32465

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000674429
CITY-ST-ZIP 03/29/07-80068-018 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE:

ABidwell

2/24/07