	200	6 NOT-FOR-PR ANNUAL F	FILED Feb 17, 2006 8:00 am Secretary of State							
Philipping Place of Business C/O OTTLS SLOBELOM C/	DOCUMENT # N29163									
CO OTES SURLING COLUMES MORE DRIVE LAKE MARY FL 32746  CPU COUNTY CPU LAKE MARY FL 32746  CPU COUNTY CPU COUN	LAKE MA	RY CEMETERY ASSOCIAT	ION, INC.							
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City & Signe     City & Signe     City & Signe     City & Signe     Applies For       City & Signe     City & Signe     Country     Zip     Country     So - 1992162     Inthe Applies For       City & Signe     Country     Zip     Country     S. Conflicts of Status Desired     SS, T Status Desire Status Desired     SS, T Status Desired	2. Principal Pl	ace of Business	3. Mailing Address				J TAJAJ   J A U  UU	LIIF <b>Uluji (</b> ini) (	IIBII OIDII BIDII DIO	11181 61 1661
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Zp         Country         Zin         Country         S. Carificate of Status Desired         St. 75. Acctioned Instrument Fee Required           S. Name and Address of Current Registered Agent         1. Name and Address of New Registered Agent         1. Name and Address of New Registered Agent           S.JOBLOM, OTTIS 271 LAKESHORE DRIVE LAKE MARY FL 32746         Name         3/ref Address (P.O. Box Number is Not Acceptable)           B. The above named entry ubmits his statement for the purpose of changing its registered difice or registered agent.         The above named entry ubmits his statement for the purpose of changing its registered difice or registered agent, or both, in the State of Florida. Lan familiar with, and accept the objections of registered agent.           SIGNATURE         Trust Fund Contribution         S.5.00 May be Addet to Status and the object of Status and the object of Status Fibre Diputer have 1 and the object of Status and the object of Status Fibre Diputer have 1 and the objec	City & State	3	City & State				1002162		في والمح الم	·
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SJOBLOM, OTTIS       Street Address (P.O. Box Number is Not Acceptable)         LAKESHORE DRIVE       LAKESHORE DRIVE         LAKE MARY FL 32746       City         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       FL         City       FL         City       Street Address (P.O. Box Number is Not Acceptable)         City       FL         Street Address (P.O. Box Number is Not Acceptable)         City       F		6. Name and Address of Curren	t Registered Agent						·····	:d
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	271 LAKESHORE DRIVE			Street A	ddress (P	P.O. Box Number is Not	Acceptable	}		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Purpose of instance of instance of instance of instance of instance of the instance of the obligations of registered agent.  SIGNATURE  Purpose of instance of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept of the obligations of registered agent.  SIGNATURE  Purpose of instance	LAK	E MARY FL 32746								
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Dependent type 2 printed angent and the future         (MCE: Registered Agent segurity resulted where contructed)         DATE           FLLE: 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           11.         SDBLOM, OTTIS         Street Addeds         STEVE         Change         Added Added to Fees           11.         SDBLOM, OTTIS         STEVE         STEVE         SUTTER 3//6         C/// ANS DALE         Change         Added Added           11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         Introl         Change         Added           11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         Change         Added           11.         ALKE MARY FL 32745         Change         Change         Addid           11.         ALKE MARY FL 32746         Change         Addid         Change         Addid           11.         Delete         Intri         Make         Change         Addid           11.         Delete         Intri         Change         Addid           11.         Delete         Intri			or the purpose of changing its re	egistered office or	registere	ed agent, or both, in the	State of Flo	rida. Lam	familiar with,	and accept
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File: NOW: FEE IS \$81.25 Due: By May 1, 2006       9. Election Campaign Financing Trust Fund Contribution.       S5.00 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         111.       PD       Delete       ITTLE       STEVE       STEVE       Change       Ø Addito         111.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       ITTLE       STEVE       STEVE       STEVE       Change       Ø Addito         111.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       ITTLE       Change       Ø Addito         112.       ADRESS       271 LAKESHORE DR.       ITTLE       STEVE       STEVE       STEVE       STEVE       STEVE       STEVE       Office Florida. State         111.       ALKE MARY FL 32746       ITTLE				Hegistered Agent signali	nie lednieg A	when (einslading)	the states of the second second		adalah karatar	
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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	TITLE	CITIVION KNOOP.								
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