

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

DOCUMENT # N96000006536

1. Entity Name

WOODLAWN CEMETERY, INC.



**FILED  
Mar 15, 2006 8:00 am  
Secretary of State**

03-15-2006 90117 046 \*\*\*61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business		Mailing Address	
1/4 OF MILE SOUTH OF I-10 MACCLENNY FL 32063		PO BOX 1173 MACCLENNY FL 32063 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUERRY, WILLIAM L 420 E MACCLENNY AVE MACCLENNY FL 32063		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 remitting)

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**

<input type="checkbox"/> Delete
ROWE, JAMES O
428 SOUTH 2ND STREET
MACCLENNY FL 32063
<input type="checkbox"/> Delete
VP
GUERRY, WILLIAM L
420 E MACCLENNY AVE
MACCLENNY FL 32063
<input type="checkbox"/> Delete
ST
PUCKETT,
ROUTE 1 BOX 844
MACCLENNY FL 32063
<input type="checkbox"/> Delete
VD
PUCKETT, GARY C
RT. 1 BOX 844
MACCLENNY FL
<input type="checkbox"/> Delete
D
ROWE, JAMES O
428 S. 2ND STREET
MACCLENNY FL
<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *William L. Guerry*

3/1/06 904-252-2211