

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 042 ***150.00

DOCUMENT # P00000019761	
1. Entity Name EDGEWATER-NEW SMYRNA CEMETERY, INC.	

Principal Place of Business 700 S RIDGEWOOD AVE EDGEWATER, FL 32132	Mailing Address 700 S RIDGEWOOD AVE EDGEWATER, FL 32132
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 725 W Granada Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 48
City & State	City & State Ormond Beach, FL
Zip	Zip 32174
Country	Country USA

40090783



04252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LOHMAN, LOWELL 1210 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		7. Name and Address of New Registered Agent Name Nancy Lohman Street Address (P.O. Box Numbers Not Acceptable) 1210 John Anderson Dr City Ormond Beach FL Zip Code 32176	
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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  **4-26-07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LOHMAN, LOWELL 1210 JOHN ANDERSON DR. ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VST LOHMAN, NANCY 1210 JOHN ANDERSON DR. ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V LOHMAN, TY 5 OAKWOOD PARK ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V Lohman, Victor 31 Pebble Beach Dr Ormond Beach, FL 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  **4-26-07 386-615-1170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR