

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000019761

1. Entity Name
EDGEWATER-NEW SMYRNA CEMETERY, INC.



Principal Place of Business
**700 S RIDGEWOOD AVE
EDGEWATER, FL 32132**

Mailing Address
**725 W. GRANADA BLVD
SUITE 48
ORMOND BEACH, FL 32174**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3628894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOHMAN, LOWELL
1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176**

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000915680
05/09/08-80025-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOHMAN, LOWELL
STREET ADDRESS	1210 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VST
NAME	LOHMAN, NANCY
STREET ADDRESS	1210 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	V
NAME	LOHMAN, TY
STREET ADDRESS	5 OAKWOOD PARK
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	LOHMAN, VICTOR
STREET ADDRESS	31 PEBBLE BEACH DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08

Date

386-615-1170

Daytime Phone #