

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000068340

1. Entity Name

SOUTHERN CREMATORY, INC.



Principal Place of Business  
720 HIGHWAY 17 SOUTH  
SAN MATEO FL 32187

Mailing Address  
POST OFFICE BOX 939  
SAN MATEO FL 32187

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

KEYSER, TIMOTHY  
501 ATLANTIC AVENUE  
INTERLACHEN FL 32148

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME WATTS, MARGARET M ☐ Delete  
STREET ADDRESS 148 RIVERSHORE DR  
CITY-ST-ZIP SAN MATEO FL 32187

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

TITLE VP ☒ Delete  
NAME WATTS, WILLIAM D  
STREET ADDRESS 148 RIVERSHORE DR  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE ☒ Change ☐ Addition  
NAME Margaret M. Watts  
STREET ADDRESS 148 Rivershore Dr.  
CITY-ST-ZIP San Mateo, FL 32187

TITLE S ☒ Delete  
NAME WATTS, JESSICA A  
STREET ADDRESS 209 TROPIC AVE  
CITY-ST-ZIP SAN MATEO FL 32187

TITLE ☒ Change ☐ Addition  
NAME Margaret M. Watts  
STREET ADDRESS 148 Rivershore Dr.  
CITY-ST-ZIP San Mateo, FL 32187

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: Margaret M. Watts Margaret M. Watts PT Jan 18, 2004 (386) 328-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date T Roberts APR 01 2005 (Daytime Phone 904)

FILED

05 MAR 31 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3731549

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required