


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000117368		
1. Entity Name ALACHUA COUNTY CREMATION & BURIAL SOCIETY, INC.		
Principal Place of Business 2615 N.E. 17TH TERRACE GAINESVILLE, FL 32609	Mailing Address P. O. BOX 2716 GAINESVILLE, FL 32602	
DO NOT WRITE IN THIS SPACE		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0566872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MORING, BADGER D SR. 2208 N.E. 17TH TERRACE GAINESVILLE, FL 32609	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000554181 05/15/06-80080-025 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORING, BADGER D SR. 2208 NE 17TH TERR GAINESVILLE, FL 32609
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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: *Badger D. Moring, Pres* **BADGER D. MORING, PRES.** 4/28/06 352-3780776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #