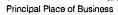
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P01000117368**

1. Entity Name

ALACHUA COUNTY CREMATION & BURIAL SOCIETY,

INC.



Mailing Address

2615 N.E. 17TH TERRACE GAINESVILLE, FL 32609

P. O. BOX 2716

GAINESVILLE, FL 32602

## FILED Apr 16, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0566872

Applied For Not Applicable

5. Certificate of Status Desired

Z.

\$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 tritle if applicable (NOTE: Registered Agent aignature required when re-installing)  DATE					
FILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORING, BADGER D SR. 2208 NE 17TH TERR GAINESVILLE, FL 32609				U00000709534 04/25/07-80007-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 addless, with all other like empowered.

SIGNATURE DUC

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SUMMIG OFFICER ORDINECTO

April 12, 200> 352.378-2190