2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 Al Secretary of State

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і к ж.	NAME OF TAXABLE	# 200	いいいい 45/	

1. Entity Name

MERIDIAN HILLS CEMETERY, INC.



Principal Place of Business

526 EAST 7TH AVE TALLAHASSEE, FL 32303 Mailing Address

526 EAST 7TH AVE TALLAHASSEE, FL 32303



DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4560628

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, WENDY R ESQ C/O MANG LAW FIRM, P.A. 660 E JEFFERSON STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	purpose of changing its regi	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable (NOTE: Reg	istered Agent signature	required when reinstating)	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			U00000785275 01/16/08-80088-024 150.00
10.	OFFICERS AND DIREC	CTORS		-	
NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLEBROOKS, HARRY M JR 526 EAST 7TH AVE TALLAHASSEE, FL 32303				
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					

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 address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/7008

(850) 222-549

Daytime Phone #