2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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with an address, with all other like empowered.

May 02, 2007 8:00 am Secretary of State DOCUMENT # P05000152878 05-02-2007 90055 029 ***150.00 FLORIDA MONUMENT SERVICE, INC. Principal Place of Business Mailing Address 4031 N. FORSYTH ROAD P.O. BOX 667 WINTER PARK, FL 32790 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chg-P CR2E034 (12/06) 9255 TELFER RUN City & State City & State 4. FEI Number Applied For ORLANDO 51-0559420 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 32817 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNT, MORRIS P Street Address (P.O. Box Number is Not Acceptable) 9255 TELFER RUN ORLANDO, FL 32817 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO1E: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **1**1. Change TITLE ☐ Delete TITLE Addition HUNT, MORRIS P. HUNT, MORRIS P NAME ADDRESS NAME 9255 TELFER RUN STREET ADDRESS STREET ADDRESS 4031 N. FORSYTH ROAD ORLANDO, FL 32817 WINTER PARK, FL 32792 City-SI-ZIP CITY-ST-ZIP Change ☐ Addition ST 57 TITLE ☐ Delete TITLE HUNT VANICE L. 9155 TELFER RUN ADDRESS NAME HUNT, JANICE L NAME 4031 N. FORSYTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete TITLE □ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete BILE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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