



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90336 014 \*\*\*150.00

<b>DOCUMENT # P06000124354</b>					
<b>1. Entity Name</b> SUTTON MONUMENTS AND CEMETERY SERVICES, INC.					
<b>Principal Place of Business</b> 908 LOUISIANA STREET WAUCHULA, FL 33873 US			<b>Mailing Address</b> POST OFFICE BOX 455 WAUCHULA, FL 33873 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1067 S. 6th Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1067 S. 6th Avenue Suite, Apt. #, etc.			
<b>City &amp; State</b> Wauchula, FL Zip Country 33873 USA		<b>City &amp; State</b> Wauchula, FL Zip Country 33873 USA		<b>4. FEI Number</b> 20-5620930 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04142008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> SUTTON, PAUL D JR. 908 LOUISIANA STREET WAUCHULA, FL 33873			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1067 S. 6th Avenue City Wauchula FL Zip Code 33873		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> SUTTON, PAUL D JR <b>STREET ADDRESS</b> 908 LOUISIANA STREET <b>CITY-ST-ZIP</b> WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> SUTTON, PAUL D JR <b>STREET ADDRESS</b> 820 S. 10th Avenue <b>CITY-ST-ZIP</b> Wauchula, FL 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SUTTON, PAUL D SR <b>STREET ADDRESS</b> 1019 S. 9TH AVENUE <b>CITY-ST-ZIP</b> WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> SUTTON, PAL D SR <b>STREET ADDRESS</b> 1320 Mockingbird Road <b>CITY-ST-ZIP</b> Wauchula, FL 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S/T <b>NAME</b> SUTTON, PATRICIA J <b>STREET ADDRESS</b> 908 LOUISIANA STREET <b>CITY-ST-ZIP</b> WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<b>TITLE</b> S/T <b>NAME</b> SUTTON, PATRICIA J <b>STREET ADDRESS</b> 820 S. 10th Avenue <b>CITY-ST-ZIP</b> Wauchula, FL 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SUTTON, BRENDA K <b>STREET ADDRESS</b> 1019 S. 9TH AVENUE <b>CITY-ST-ZIP</b> WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SUTTON, BRENDA K <b>STREET ADDRESS</b> 1320 Mockingbird Road <b>CITY-ST-ZIP</b> Wauchula, FL 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-25-08 Daytime Phone #: 863-773-0625		