

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067189

FILED  
Feb 28, 2012  
Secretary of State

Entity Name: CEMETERY CONNECTIONS, INC

**Current Principal Place of Business:**

6133 7TH AVE S  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6133 - 7TH. AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 26-2989276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HASTINGS, DAVID C  
2207 54TH ST S  
GULFPORT, FL 33707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: CALAMARI, MICHAEL P  
Address: 6133 7TH AVE S  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DPST  
Name: CALAMARI, MICHAEL P  
Address: 6133 - 7TH. AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DPST  
Name: CALAMARI, MICHAEL P  
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Name: CALAMARI, MICHAEL P  
Address: 6133 - 7TH. AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DPST  
Name: CALAMARI, MICHAEL P  
Address: 6133 - 7TH. AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P. CALAMARI

DPST

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date