


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000001461  
1. Entity Name  
PINEVIEW MEMORIAL GARDENS, INC.



Principal Place of Business      Mailing Address  
530 EAST ASH STREET      530 EAST ASH STREET  
PERRY, FL 32347      PERRY, FL 32347

**DO NOT WRITE IN THIS SPACE**



01192005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3162200      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BURNS, JOE P JR  
530 EAST ASH STREET  
PERRY, FL 32347

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, DOROTHY H 530 ASH STREET PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, JOE P JR 530 ASH STREET PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS, BARBARA J 530 ASH STREET PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000326520  
04/23/05-80059-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Jo Burns    Barbara Jo Burns    1-25-05    850 584-8106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #