


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90441 009 \*\*\*150.00

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



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


Mailing Address  
 530 EAST ASH STREET  
 PERRY, FL 32347

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40090000



01222007 Chg-P CR2E034 (12/06)

4. FEI Number  
 59-3162200

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BURNS, JOE P JR  
 582 E ASH ST  
 PERRY, FL 32347

7. Name and Address of New Registered Agent  
 Name Barbara Jo Burns  
 Street Address (P.O. Box Number is Not Acceptable)  
582 E. Ash Street  
 City Perry FL Zip Code 32347

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 Barbara Jo Burns DATE 4/27/2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNS, DOROTHY H	
STREET ADDRESS	530 ASH STREET	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JOE P JR	
STREET ADDRESS	530 ASH STREET	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNS, BARBARA J	
STREET ADDRESS	582 E ASH ST	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jo Burns Barbara Jo Burns DATE 4/27/07 DAYTIME PHONE # 850-584-8106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #