

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031724

FILED  
May 01, 2009  
Secretary of State

Entity Name: SHADY OAK CREMATORY, INC.

**Current Principal Place of Business:**

5 5TH AVENUE  
VERO BEACH, FL 32962 US

**New Principal Place of Business:**

**Current Mailing Address:**

4010 BALDWIN DR  
SEBASTIAN, FL 32976

**New Mailing Address:**

4010 BALDWIN DR  
SEBASTIAN, FL 32976 US

FEI Number: 59-3183356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIDEON, JOHN T  
4010 BALDWIN DR  
SEBASTIAN, FL 32976 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GIDEON, JOHN T  
Address: 4010 BALDWIN DR  
City-St-Zip: SEBASTIAN, FL 32976

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GIDEON, JOHN T  
Address: 4010 BALDWIN DR  
City-St-Zip: SEBASTIAN, FL 32976 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN T. GIDEON

P

05/01/2009

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

\_\_\_\_\_  
Date