2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000078854

Entity Name: FLORIDA CEMETERIES, INC.

FILED Mar 12, 2008 Secretary of State

| New Principal Place of Business: |
|----------------------------------|
| |

6919 PROVIDENCE ROAD RIVERVIEW, FL 33578

Current Mailing Address: New Mailing Address:

6919 PROVIDENCE ROAD RIVERVIEW, FL 33578 US

FEI Number: 59-3315617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LANGFORD, E.C. LANGFORD, E.C. 1715 W. CLÉVELAND STREET 1715 W. CLÉVELAND STREET TAMPA, FL 33606 SUITE 314 TAMPA, FL 33606 US

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: 03/12/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ADAMS, MICHAEL J ADAMS, MICHAEL J Name: Name:

6900 NEBRASKA AVENUE 6900 NEBRASKA AVENUE Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33604 US

Title: Title: CSD () Delete (X) Change () Addition LORTON, GEORGE H Name: Name: LORTON, GEORGE H

1601 SAHLMAN DR. 1601 SAHLMAN DR. Address: Address: TAMPA, FL 33605 TAMPA, FL 33605 US City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete

WICK, MICHAEL Name: Name: 6919 PROVIDENCE ROAD Address Address: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33578 US

Title: () Delete Title: VSD () Change (X) Addition

LORTON, CARL Name: Name: Address: Address: 113 BOSPHORUS AVENUE, UNIT #1

City-St-Zip: City-St-Zip: TAMPA, FL 33606 US

Title: Title: () Delete () Change (X) Addition

Name: Name: ADAMS, STACY Address: Address: 6900 NEBRASKA AVENUE City-St-Zip: City-St-Zip: TAMPA, FL 33604 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: GEORGE H. LORTON D 03/12/2008