

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078854

Entity Name: FLORIDA CEMETERIES, INC.

FILED  
Feb 18, 2009  
Secretary of State

## Current Principal Place of Business:

6919 PROVIDENCE ROAD  
RIVERVIEW, FL 33578 US

## New Principal Place of Business:

## Current Mailing Address:

6919 PROVIDENCE ROAD  
RIVERVIEW, FL 33578 US

## New Mailing Address:

FEI Number: 59-3315617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANGFORD, E.C.  
1715 W. CLEVELAND STREET  
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, MICHAEL J  
Address: 6900 NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33604 US

Title: CSD ( ) Delete  
Name: LORTON, GEORGE H  
Address: 1601 SAHLMAN DR.  
City-St-Zip: TAMPA, FL 33605 US

Title: P ( ) Delete  
Name: WICK, MICHAEL  
Address: 6919 PROVIDENCE ROAD  
City-St-Zip: RIVERVIEW, FL 33578 US

Title: VSD ( ) Delete  
Name: LORTON, CARL  
Address: 113 BOSPHORUS AVENUE, UNIT #1  
City-St-Zip: TAMPA, FL 33606 US

Title: D (X) Delete  
Name: ADAMS, STACY  
Address: 6900 NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33604 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ADAMS, STACY  
Address: 6900 NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33604 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

CSD

02/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date