

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070902

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: GLMCO MEMORIAL & MAUSOLEUMS, INC.

## Current Principal Place of Business:

3979 STATE HWY 2 WEST  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

## Current Mailing Address:

3979 STATE HWY 2 WEST  
DEFUNIAK SPRINGS, FL 32433

## New Mailing Address:

FEI Number: 59-3462506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MATHEWS, GEORGE LARRY  
3979 STATE HWY 2 WEST  
DEFUNIAK SPRINGS, FL 32433      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: P ( ) Delete  
Name: MATHEWS, GEORGE LARRY  
Address: 3979 STATE HWY 2 WEST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete  
Name: MATHEWS, CHARLOTTE S  
Address: 3979 STATE HWY 2 WEST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: ST ( ) Delete  
Name: WILKERSON, WENDY H.  
Address: 1988 CO. HWY 181 EAST  
City-St-Zip: WESTVILLE, FL 32464

Title: D (X) Delete  
Name: MATHEWS, LARRY P  
Address: 6158 SUNNY RIDGE DR.  
City-St-Zip: MILTON, FL 32570

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY MATHEWS

PRES

04/20/2007

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

\_\_\_\_\_  
Date