

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000070902

**FILED**  
**Mar 01, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LARRY MATHEWS

PRES

03/01/2011

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

\_\_\_\_\_  
Date