

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000090219

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** ROLLING OAKS CEMETERY, INCORPORATED

**Current Principal Place of Business:**

2200 S.W. DEL RIO BLVD.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2200 S.W. DEL RIO BLVD.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 65-0784656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATT, JEFF M ESQ  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 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: DP ( ) Delete  
Name: ROMANO, MICHAEL F  
Address: 148 NORTH LAKE SHORE DRIVE, P.O. BOX 37  
City-St-Zip: BROOKFIELD, CT 06804

Title: DST ( ) Delete  
Name: RICHELLELLI, GARY M  
Address: 2200 BOSTON POST ROAD  
City-St-Zip: ORANGE, CT 06477

Title: VP ( ) Delete  
Name: ANASTASIO, ROBERT  
Address: 2590 SAPELO AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

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

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

Title: VP (X) Change ( ) Addition  
Name: ANASTASIO, ROBERT  
Address: 2 BROADWAY  
City-St-Zip: NORTH HAVEN, CT 06473

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: MICHAEL F. ROMANO

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03/16/2009

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

\_\_\_\_\_  
Date