

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090219

**FILED**  
**Jan 10, 2011**  
**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:**

C/O STEPHEN J. KRUMFOLZ  
1301 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**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:**

SUMMER, ROBERT P ESQ  
2400 SE FEDERAL HIGHWAY  
FOURTH FLOOR  
STUART, FL 34994 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  
Name: KRUMFOLZ, STEPHEN J  
Address: 1301 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DVST  
Name: SKILES, DAVID W  
Address: 1301 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: STEPHEN KRUMFOLZ

PRES

01/10/2011

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

\_\_\_\_\_  
Date