

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

OKT 12 F14
FILED 200 705
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000103376

1. Entity Name
OSCEOLA MEMORY GARDENS II, INC.



Principal Place of Business
**1717 OLD BOGGY CREEK RD
KISSIMMEE, FL 34744**

Mailing Address
**1717 OLD BOGGY CREEK RD
KISSIMMEE, FL 34744**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, TERRY L
2665 HILLARD CT
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSELL, ROBERT D
200 NORTH FEDERAL HIGHWAY
POMPAHO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEPPEN, RONALD L
200 NORTH FEDERAL HIGHWAY
POMPAHO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUDGE, JAMES
200 NORTH FEDERAL HIGHWAY
POMPAHO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, TERRY L
2665 HILLIARD CT
KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U000000224061

02/10/05-80069-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry L. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L. Roberts

2/7/05
Date

407-8479040
Daytime Phone #