


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000082162 1. Entity Name LINCOLN MEMORIAL GARDENS INC.	
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Principal Place of Business 434 NW MARTIN LUTHER KING JR AVENUE OCALA, FL 34475	Mailing Address 1913 NORTH W. 13TH PLACE OCALA, FL 34475
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-3521337 Applied For Not Applicable
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05012008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CUNNINGHAM, HELEN D 1913 N.W. 13TH PLACE OCALA, FL 34475	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete CUNNINGHAM, ALGERNON
NAME	1913 N.W. 13TH PLACE
STREET ADDRESS	OCALA, FL 34475
CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete CUNNINGHAM, HELEN D
NAME	1913 N.W. 13TH PLACE
STREET ADDRESS	OCALA, FL 34475
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete CUNNINGHAM, ALBERT L
NAME	1913 N W 13TH PLACE
STREET ADDRESS	OCALA, FL 34475
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UN00000947834
STREET ADDRESS	06/02/08-80030-024 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Heleen Cunningham Heleen Cunningham 05/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #