

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000092912

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** RUSSELL HAVEN OF REST CEMETERY, INC.

**Current Principal Place of Business:**

2315 SANDRIDGE ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

2429 SANDRIDGE ROAD  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 58-2503797      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMPBELL, JERRY LEE  
2429 SANDRIDGE RD.  
GREEN COVE SPRINGS, FL 32043 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: CAMPBELL, SUE W  
Address: 2429 SANDRIDGE RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST  
Name: CAMPBELL, JERRY L  
Address: 2429 SANDRIDGE RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: JERRY LEE CAMPBELL

OFFF

03/16/2011

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

\_\_\_\_\_  
Date