

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90004 042 \*\*\*150.00

<b>DOCUMENT # P99000101743</b> 1. Entity Name <b>CEMETERY MARKETING CONSULTANTS, INC.</b>					
Principal Place of Business <b>8738C S.W. 95TH LANE OCALA FL 34481</b>			Mailing Address <b>8738C S.W. 95TH LANE OCALA FL 34481</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3611296</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HOOGERWOERD, JACOB A 8738C S.W. 95TH LANE OCALA FL 34481</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOGERWOERD, JACOB A		NAME		
STREET ADDRESS	8738C S.W. 95TH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOGERWOERD, MARILYNE R		NAME		
STREET ADDRESS	8738C S.W. 95TH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			4/29/04 352/266-7161 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)

*Att: [unclear]*

44045641

**CEMETERY MARKETING CONSULTANTS, INC.**

8738C SW 95<sup>th</sup> Lane  
Ocala, Florida, 34481  
352/266-7161

May 18, 2004

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

**Subject: DOCUMENT # P99000101743**

Dear Madam or Sir:

Today I called your office in Tallahassee to inquire posting of a check I wrote for \$150.00, which has, as of this date, not cleared my bank nor was it posted to my account.

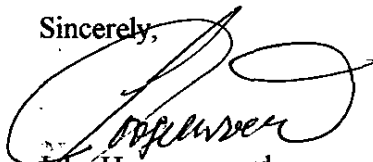
Since this is not the only check missing, I decided to investigate and spoke with a person in your department (Julia) who suggested I write you and mail another check for the \$150.00 fee with a letter explaining the circumstance to avoid the additional \$400.00 normally required

In case my initial check, #1546 that was mailed on April 30<sup>th</sup>, 2004 does reach your office, I would appreciate it voided.

Also, please find a copy of the mailed document.

Thank you for understanding.

Sincerely,

  
Jake Hoogerwoerd

Attn: