


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S21686	
1. Entity Name MEMORY GARDENS GROUP, INC.	

FILED
04 APR 14 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1425 BELLEVUE AVE. DAYTONA BEACH FL 32114-3938	Mailing Address ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 TAMPA FL 33602
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address 100 North Tampa Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 4100
City & State	City & State Tampa, FL
Zip	Country
33602	

4. FEI Number 59-3075097	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLAND & KNIGHT, LLP ATTN: GEORGE B. HOWELL, III 400 N. ASHLEY DRIVE, STE 2300 TAMPA FL 33602

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street, Suite 4100 City Tampa FL Zip Code 33602

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	D TIMMER, WILLARD I 1425 BELLEVUE AVE DAYTONA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIMMER, MARILYN J 1425 BELLEVUE AVE DAYTONA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R STEPHENS, JAMES T 1425 BELLEVUE AVENUE DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECE STEPHENS, JAMES T 400 NORTH ASHLEY DRIVE, STE 2300 TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100033449331 04/21/04--01060--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Stephens Receiver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #