

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S57931

1. Entity Name

MEMORY GARDENS LAND ACQUISITION, INC.



FILED
04 APR 14 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

1425 BELLEVUE AVE.
DAYTONA BEACH FL 32114

Mailing Address

ATTN: GEORGE B. HOWELL, III
400 N ASHLEY DRIVE, STE 2300
TAMPA FL 33602

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 33602

Zip

Country

Zip

Country

4. FEI Number

59-3106861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAND & KNIGHT, LLP
ATTN: GEORGE B. HOWELL, III
400 N. ASHLEY DRIVE, STE 2300
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

100 N. 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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TIMMER, WILLARD I.
1425 BELLEVUE AVE.
DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500033449395
04/21/04--01060--010 **150.00

TITLE REC ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STEPHENS, JAMES T
1425 BELLEVUE AVENUE
DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RECE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STEPHENS, JAMES T
400 NORTH ASHLEY DRIVE, STE 2300
TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #