

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V31984

FILED
Jan 08, 2004
Secretary of State

Entity Name: NAPLES MEMORIAL GARDENS, INC.

Current Principal Place of Business:

586 111TH AVENUE NORTH
NAPLES, FL 33963

New Principal Place of Business:

Current Mailing Address:

2225 SHEPPARD AVENUE EAST
SUITE 1100
TORONTO, ON M2J 5C2

New Mailing Address:

FEI Number: 65-0349037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TOTTLE, WILLIAM
Address: 1100-2225 SHEPPARD AVE. E.
City-St-Zip: TORONTO,, ON M2J 5C2 CA

Title: VP () Delete
Name: MATHEWES, J.C. O
Address: 1680 METROPOLITAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: GAUNTLEY, ANDREW J
Address: 1029-4710 KINGSWAY
City-St-Zip: BURNABY,, BC V5H 4M2 CA

Title: AS () Delete
Name: ANGELES, AZALEA K
Address: 1100-2225 SHEPPARD AVE. E.
City-St-Zip: TORONTO, ONTARIO, M2J 5C2

Title: ST () Delete
Name: LANGFORD, LAUREL
Address: 2225 SHEPPARD AVE. E., SUITE 1100
City-St-Zip: TORONTO, ON M2J 5C2 CA

Title: P () Delete
Name: HOUSTON, PAUL
Address: 2225 SHEPPARD AVE. E., SUITE 1100
City-St-Zip: TORONTO, ON M2J 5C2 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAUREL LANGFORD

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01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date