

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90011 045 \*\*\*550.00

**DOCUMENT # V60193**

1. Entity Name  
**ABBEY HILLS MEMORY GARDENS, INC.**



Principal Place of Business  
**2966 BELCHER ROAD NORTH  
PALM HARBOR, FL 34683 US**

Mailing Address  
**100 NORTH TAMPA ST  
STE 4100  
TAMPA, FL 33602**

**14019356**



08292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**1203 Venitia Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1203 Venitia Drive**  
Suite, Apt. #, etc.

City & State  
**Spring Hill, FL**

City & State  
**Spring Hill, FL**

4. FEI Number  
**59-3139993**

Applied For  
☐ Not Applicable

Zip  
**34608**

Country  
**U.S.A.**

Zip  
**34608**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLLAND & KNIGHT, LLP.  
100 NORTH TAMPA ST STE 4100  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
**JAMES T. STEPHENS**

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

**1203 Venitia Drive**

City  
**Spring Hill, FL**

**FL**

Zip Code  
**34608**

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

*James T. Stephens*  
Signature, typed or printed name of registered agent and title if applicable.

**James T. Stephens, Receiver**

**September 2, 2005**

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WALSH, MARILYN J  
458 VILLAGE DRIVE  
TARPON SPRINGS, FL 34689** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WALSH, MICHAEL P  
458 VILLAGE DRIVE  
TARPON SPRINGS, FL 34689** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RECEIVER  
STEPHENS, JAMES T.  
1203 VENITIA DRIVE  
SPRING HILL, FL 34608** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 T. Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James T. Stephens, Receiver**

**9/2/05**  
Date

**904/753-9040**  
Daytime Phone #