

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90328 001 *1,950.00



DOCUMENT # 006018
 1. Entity Name
WOODLAWN PARK CEMETERY COMPANY

Principal Place of Business: **3260 SW 8TH STREET MIAMI FL 33135**
 Mailing Address: **ATTN : SALT PO BOX 11250 NEW ORLEANS LA 70181-1250 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country Zip: Country

4. FEI Number: **59-0516280**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: TS NAME: FRIOU, THOMAS H STREET ADDRESS: 1201 S ORLANDO AVE #365 CITY-ST-ZIP: WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE: PAS NAME: ROMANACH, GABRIEL STREET ADDRESS: 8200 SW 40TH STREET CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE: VAS NAME: HEFFRON, BRENT F STREET ADDRESS: 1201 S ORLANDO AVE #365 CITY-ST-ZIP: WINTER PARK FL	<input type="checkbox"/> Delete
TITLE: D NAME: ROWE, WILLIAM E STREET ADDRESS: 110 VETERANS BLVD CITY-ST-ZIP: METAIRIE LA	<input type="checkbox"/> Delete
TITLE: ASD NAME: BUDDER, KENNETH C STREET ADDRESS: 110 VETERANS BLVD CITY-ST-ZIP: METAIRIE LA	<input type="checkbox"/> Delete
TITLE: AS NAME: TRAHAN, LORALICE STREET ADDRESS: 1201 S, ORLANDO AVE., SUITE 365 CITY-ST-ZIP: WINTER PARK FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *Loralice A. Trahan* Loralice A. Trahan
 Asst. Sec./Asst. Treas. 4/19/04 (504) 849-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

WOODLAWN PARK CEMETERY COMPANY

006416088
006018

Officer Names and Addresses

Gabriel E. Romanach	President/Asst Secretary	8200 SW 40 th Street, Miami, FL 33155
Brent F. Heffron	Exec Vice Pres/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Blvd., Metairie, LA 70005
Michael G. Hymel	Vice President	110 Veterans Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary/Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Kenneth C. Budde	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005
Loralice A. Trahan	Asst Sec/Asst Treas	110 Veterans Blvd., Metairie, LA 70005

Director Names and Addresses

William E. Rowe	Director	110 Veterans Blvd., Metairie, LA 70005
Kenneth C. Budde	Director	110 Veterans Blvd., Metairie, LA 70005
Brent F. Heffron	Director	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789

Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, Florida 33324