2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 532990

Entity Name: MASTERS MEMORIAL GARDENS, INC.

Current Principal Place of Business:

4070 SILVER LAKE DR
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

4070 SILVER LAKE DR
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-1753475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERS, QUINCY H
3015 CRILL AVE
PALATKA, FL 32177 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: ST ( ) Delete
Name: NORTHCUTT, MADELINE,
Address: 3015 CRILL AVE.
City-St-Zip: PALATKA, FL

Title: P ( ) Delete
Name: MASTERS, QUINCY H.,
Address: 3015 CRILL AVE.
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: NORTHCUTT, MADELINE
Address: 3015 CRILL AVE.
City-St-Zip: PALATKA, FL 32177

Title: P (X) Change ( ) Addition
Name: MASTERS, QUINCY H.,
Address: 3015 CRILL AVE.
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: QUINCY H. MASTERS P 01/05/2009

Electronic Signature of Signing Officer or Director — Date