2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 768718

1. Entity Name

GARDEN OF MEMORIES, INC.

Principal Place of Business	Mailing Address
12740 CURLEY ST SAN ANTONIO FL 33576 US	PO BOX 156 SAN ANTONIO FL 33576 US

1st MOORE CR2E037 (10/05)

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

4. FEI Number 59-2329771 ☐ Applied For ☐ Not Applic.

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
SCHRADER, THOMAS A 12740 CURLEY ST SAN ANTONIO FL 33576	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 acc the obligations of registered agent

SIGNATURE _____ DATE

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STORCH, DONALD 12134 POMPANIC SAN ANTONIO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIEFER, AL NO POMPANIC SAN ANTONIO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GUDE, VEDA 14042 CURLEY RD DADE CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHRADER, THOMAS A 33923 DUNNE RD SAN ANTONIO FL 33576	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEFER, A. W. N. CURLEY POB 111 SAN ANTONIO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCABE, C B MCCABE RD SAN ANTONIO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

U00000505105
04/26/06-80105-006 $1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dire of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

THOMAS A SCHRADER DIRECTOR 04-10-06 352 588-251