

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90138 049 ***150.00

DOCUMENT # F96000006538

1. Entity Name
COMMEMORATIVE BRANDS, INC.



Principal Place of Business: **7211 CIRCLE S RD. AUSTIN, TX 78745 US**
Mailing Address: **P.O BOX 149107 AUSTIN, TX 78714 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312005 Chg-P

CR2E034 (10/03)

4. FEI Number
13-3915801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☐ Delete
NAME: **BENCH, SHERICE P**
STREET ADDRESS: **7211 CIRCLE S. RD**
CITY-ST-ZIP: **AUSTIN, TX 78745**

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

TITLE: **SVP** ☐ Delete
NAME: **PERCENTI, DONALD**
STREET ADDRESS: **7211 CIRCLE S. RD**
CITY-ST-ZIP: **AUSTIN, TX 78745**

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

TITLE: **D** ☐ Delete
NAME: **FIORE, DAVID G**
STREET ADDRESS: **7211 CIRCLE S RD**
CITY-ST-ZIP: **AUSTIN, TX 78745**

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

TITLE: **CD** ☒ Delete
NAME: **BUSH, LEAH**
STREET ADDRESS: **7211 CIRCLE S. RD.**
CITY-ST-ZIP: **AUSTIN, TX 78745**

TITLE: **CD** ☐ Change ☒ Addition
NAME: **Steve Bauer**
STREET ADDRESS: **7211 Circle S. Rd**
CITY-ST-ZIP: **AUSTIN TX 78745**

TITLE: **SVPO** ☐ Delete
NAME: **DAUGHERTY, CHARLYN**
STREET ADDRESS: **7211 CIRCLE S. RD.**
CITY-ST-ZIP: **AUSTIN, TX 78745**

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

TITLE: **SVP** ☐ Delete
NAME: **DAVIS, PARKE H**
STREET ADDRESS: **7211 CIRCLE S. RD.**
CITY-ST-ZIP: **AUSTIN, TX 78745**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Steve Bauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

572-445-2786

Daytime Phone #