


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # H98842 1. Entity Name MEMORY MAKERS, INC.	
---	---

Principal Place of Business 402 PINE STREET SEBASTIAN, FL 32958-4362 US	Mailing Address 402 PINE STREET SEBASTIAN, FL 32958 US
---	--



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2734789	Applied For Not Applicable
5. Certificate of Status Desired	 \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHEPARD, RICHARD M 402 PINE STREET SEBASTIAN, FL 32958-4362
--

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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	PTD SHEPARD, RICHARD M. 402 PINE ST SEBASTIAN, FL 329584362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHEPARD, G. M. 402 PINE ST SEBASTIAN, FL 329584362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000590923
01/19/07-80002-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **RICHARD M. SHEPARD** 1/15/07 772-589-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #