

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64102

FILED
Apr 30, 2008
Secretary of State

Entity Name: HEIRLOOMED MEMORIES, INC.

Current Principal Place of Business:

12850 NE HWY 27A
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

12850 NE HWY 27A
WILLISTON, FL 32696 US

New Mailing Address:

PO BOX 328
WILLISTON, FL 32696 US

FEI Number: 59-3011377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWRY, VICKI
2341 NW 66TH COURT
GAINESVILLE, FL 32653 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: P () Delete
Name: LOWRY, RONALD D
Address: 2341 NW 66TH CT
City-St-Zip: GAINESVILLE, FL

Title: VPST () Delete
Name: LOWRY, VICKI
Address: 2341 NW 66TH CT
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICKI LOWRY

MRS.

04/30/2008

Electronic Signature of Signing Officer or Director

Date