

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L64102

**FILED**  
**Apr 29, 2011**  
**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:**

2341 NW 66TH COURT  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOWRY, RONALD D  
Address: 2341 NW 66TH CT  
City-St-Zip: GAINESVILLE, FL

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

I hereby 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 all other like empowered.

SIGNATURE: VICKI LOWRY

VP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date