2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

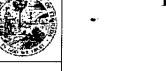
DOCUMENT # M47863

1. Entity Name

DAWSON MONUMENT COMPANY, INC.



FILED Feb 14, 2008 08:00 Al Secretary of State



Principal Place of Business			Mailing Actoress								
1141 LAKE CLARKE DRIVE WEST PALM BEACH FL 33406		1141 LAKE CLARKE DRIVE WEST PALM BEACH FL 33406									
2. Principal Place of Business - No P.C. Box #			3. Mailing Address				1181	NIDD46 88) W(#)) WWD) D))	B DJIGO 1111 BIBII BIBIF	ALBIT BLOW DIE	III DIDAGAT & IBBI
Suite, Apt. #, etc.			Suite, Apt #, etc.				1st MOORE CR2E034 (10/07)				
City & State			City & State				4. FEI Numb	Der 12-5927	700		Applied For
Zıp	Country		Zip Coun		ry 5. Certificat					.75 Additional	
	6. Name and Addres	Registered Agent		T		7 Nome and	d Address of No	w Registered	Agent		
					7. Name and Address of New Registered Agent Name						
HOUSTON, PHILLIP C., ESQ. 1645 PALM LAKES BLVD. SUITE 450					Street Address (P.O. Box Number is Not Acceptable)						
W. F	PALM BEACH FL										
					City				FL	Zip C	Code
the coligat	named entity submits the ions of registered agent.	s statement fo	r the purpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in the State o	f Florida. Tam	familiar w	oth, and accept
SIGNATURE .	Signature, typed or printed name:	y utir esc.eg edeat i	and the funplicatio. (NOT	E Registrie	o Agent elghald	are required v	enon rommaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Ca Trust Fund	impaign Financ Centribution.		55.00 May Be added to Fees
10. OFFICERS AND			DIRECTORS 11.				ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECT	ORS IN 11
TITLE	D		☐ De:ete	TITLE		<u> </u>				Clian	ge 🔲 Addition
NAME	DAWSON, WILLIAM I			IMAN	£			Hobbi	ากอวิวิธิวัด		
STREET ADDRESS CITY-ST-ZIP	1141 LAKE CLARKE I W. PALM BEACH FL	STREET ADDRESS CITY-ST - ZIP				U00000827528 02/21/08-80094-005 150.00					
TITLE	D D		☐ De-ete	TITLE							
NAME	DAWSON, SYLVIA F.		□ De-ete	NAMI	. !					☐ Chan	ge
STREET ADDRESS	1141 LAKE CLARKE	OR.			FT ADDRESS						
CITY-SI-ZIP	W. PALM BEACH FL			CITY-	-ST-ZIP						
TITLE			☐ De∉ele	TITLE						Chang	ge 🔲 Addition
NAME				MAM	E					_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
11111			☐ Delete	TIFLE			.			Chan	ge 🔲 Addition
NAME				NAMI	E						
STREET ADDRESS					ET ADDRESS						
City-St-ZiP				CITY-	- ST- ZIP						
TITLE			☐ De ete	TITLE	1					Chan	ge 🔲 Addition
NAME STREET ADDRESS				MAM	1						
CHY-SI-ZIP					ET ADDRESS • ST - ZIP						
TITLE			☐ Deiete	TITLE						Chang	ge 🔲 Addition
NAME			Land Divideo	NAME						Oang	- <u>_</u> , recisión
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP				CITY-	·SI-ZIP						

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 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 of 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, withyail other like empowered.

SIGNATURE:

2.12.08 56/585-2778