# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2008 8:00 am**
**Secretary of State**
04-04-2008 90022 038 ***150.00

DOCUMENT # P05000047597

1. Entity Name
BRONZE MEMORIALS, INC.

40059038

| Principal Place of Business | Mailing Address |
|---|---|
| 1226 SW PARADISE COVE<br>PORT ST. LUCIE, FL 34986 US | 1226 SW PARADISE COVE<br>PORT ST. LUCIE, FL 34986 US |

04012008 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 01-0831977 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SAVAGE, JAMES W<br>320 SOUTH FLAMINGO ROAD<br>#358<br>PEMBROKE PINES, FL 33027 | Name THERESA M SAVAGE<br>Street Address (P.O. Box Number is Not Acceptable) 1226 SW PARADISE COVE<br>City PORT ST LUCIE FL Zip Code 34986 |

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 | P | ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | SAVAGE, JAMES W | | NAME | |
| STREET ADDRESS | 901 SW 128TH AVE UNIT 307E | | STREET ADDRESS | 1226 SW PARADISE COVE |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | | CITY-ST-ZIP | PORT ST LUCIE FL 34986 |
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| TITLE | SEC | ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | SAVAGE, THERESA M | | NAME | |
| STREET ADDRESS | 901 SW 128TH AVE UNIT 307E | | STREET ADDRESS | 1226 SW PARADISE COVE |
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| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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:** Theresa M Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #