


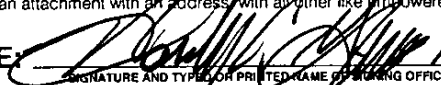
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90120 020 ****70.00

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DOCUMENT # N04000009166			
1. Entity Name HISTORICAL PRESERVATION, INC.			
Principal Place of Business 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121		Mailing Address 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILMORE, HARLEY C 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PVST GILMORE, HARLEY C <input type="checkbox"/> Delete	TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, HARLEY C	NAME	Gilmore, Harley C.
STREET ADDRESS	900 LITHIA PINECREST ROAD	STREET ADDRESS	900 Lithia Pinecrest Road
CITY-ST-ZIP	BRANDON, FL 335116121	CITY-ST-ZIP	BRANDON, FL 335116121
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, HARLEY C	NAME	James Marshall
STREET ADDRESS	900 LITHIA PINECREST ROAD	STREET ADDRESS	5020 Clewis Ave.
CITY-ST-ZIP	BRANDON, FL 335116121	CITY-ST-ZIP	TAM PA, FL 336105818
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANBLARCOM, RALPH	NAME	vanblarcom, Ralph
STREET ADDRESS	23120 DOVER DRIVE	STREET ADDRESS	23120 DOVER DRIVE
CITY-ST-ZIP	LAND O' LAKES, FL 346394277	CITY-ST-ZIP	Land o' Lakes, FL 346394277
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, STEVE	NAME	William Keller
STREET ADDRESS	305 SUZETTE DRIVE	STREET ADDRESS	150 N.E. Forth St.
CITY-ST-ZIP	BRANDON, FL 335116026	CITY-ST-ZIP	Chief Land, FL 32626-0943
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jean Keller
STREET ADDRESS		STREET ADDRESS	150 N.E. Forth St.
CITY-ST-ZIP		CITY-ST-ZIP	Chief Land, FL 32626-0943
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Glenn Nickens
STREET ADDRESS		STREET ADDRESS	2213 W. Yeats Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Lakeland, FL 33815-1109
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 		HARLEY C. GILMORE 1/26/05 (813) 657-4110	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Daytime Phone #	