


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90016 028 ***550.00

DOCUMENT # P97000082726
 1. Entity Name
PRESERVATION SCIENCES, INC.



Principal Place of Business Mailing Address
 2440-30TH AVE. N 2440-30TH AVE. N
 SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713

50058674



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07262005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-3638624 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRISON, GARY L
2440 32ND AVE. N
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent
 Name *Harrison, Gary L*
 Street Address (P.O. Box Number is Not Acceptable)
2440 30th Ave North
 City *St Petersburg* **FL** Zip Code *33713*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO HARRISON, GARY L 2440-30TH AVE. N. SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ELLINGER, EMERY III 2440-30TH AVE. N. SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CATACOSINOS, WILLIAM J 2 ROBBINS LANE, #201 JERICHO, NY 11753 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ORCHARD, JAMES A 2440-30TH AVE N. SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Phil Pearce</i> <i>6624 Glenmont Ct.</i> <i>Charlotte, NC 28276</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Robert Gillham</i> <i>800 Third Ave</i> <i>New York, NY 10022-7604</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: *Gary L Harrison* Date: *7-27-05* Daytime Phone #: *727 526-9100*

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ATTACHMENT

DOCUMENT # P97000082726



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SAINT PETERSBURG, FL 33713 **SAINT PETERSBURG, FL 33713**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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59-3638624 Not Applicable

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SAINT PETERSBURG, FL 33713

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	HARRISON, GARY L	
STREET ADDRESS	2440-30TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	ELLINGER, EMERY III	
STREET ADDRESS	2440-30TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	CATACOSINOS, WILLIAM J	
STREET ADDRESS	2 ROBBINS LANE, #201	
CITY-ST-ZIP	JERICO, NY 11753	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ORCHARD, JAMES A	
STREET ADDRESS	2440-30TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D</i>	
STREET ADDRESS	<i>George Sideris</i>	
CITY-ST-ZIP	<i>2150 Center Ave, Apt 19G</i>	
	<i>Ft. Lee, NJ 07024</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D</i>	
STREET ADDRESS	<i>Kathy Joiner</i>	
CITY-ST-ZIP	<i>220 N CRAWFORD STREET</i>	
	<i>Thomasville, GA 31792</i>	

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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50058674

