


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90205 022 ***150.00

| | | | |
|--|--------------------------------------|--|---|
| DOCUMENT # P97000082726 | |  | |
| 1. Entity Name PRESERVATION SCIENCES, INC. | | | |
| Principal Place of Business 2440-30TH AVE. N SAINT PETERSBURG, FL 33713 | | Mailing Address 2440-30TH AVE. N SAINT PETERSBURG, FL 33713 | |
| 2. Principal Place of Business | | 3. Mailing Address 800 2ND AVE SOUTH | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 390 | |
| City & State | | City & State SAINT PETERSBURG, FL | |
| Zip | Country | Zip | Country |
| | | 33701-4026 | |
| 4. FEI Number 59-3638624 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARRISON, GARY L 2440 30TH AVE NORTH SAINT PETERSBURG, FL 33713 | | 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 <i>Gary L Harrison</i> | | 4-6-06 | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | CCEO <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRISON, GARY L | NAME | SZDERIS, GEORGE |
| STREET ADDRESS | 2440-30TH AVE N. | STREET ADDRESS | 2440-30TH AVE N |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33713 | CITY-ST-ZIP | ST PETERSBURG, FL 33713 |
| TITLE | PCOO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLINGER, EMERY III | NAME | |
| STREET ADDRESS | 2440-30TH AVE N. | STREET ADDRESS | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33713 | CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATACOSINOS, WILLIAM J | NAME | |
| STREET ADDRESS | 2 ROBBINS LANE, #201 | STREET ADDRESS | |
| CITY-ST-ZIP | JERICO, NY 11753 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARCE, PHIL | NAME | |
| STREET ADDRESS | 6624 GLENLENT CT | STREET ADDRESS | |
| CITY-ST-ZIP | CHARLOTTE, NC 28270 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILLHAM, ROBERT | NAME | |
| STREET ADDRESS | 800 THIRD AVE | STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK, NY 100227604 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOENER, KATHY A | NAME | |
| STREET ADDRESS | 2440-30TH AVE N. | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33713 | 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: <i>Gary L Harrison</i> | | GARY L HARRISON 4-6-06 (90) 526-9500 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |