

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009166

**Entity Name:** HISTORICAL PRESERVATION, INC.

**Current Principal Place of Business:**

2109 LITHIA PINECREST ROAD  
VALRICO, FL 33596

**Current Mailing Address:**

2109 LITHIA PINECREST ROAD  
VALRICO, FL 33596 US

**FEI Number:** 68-0600657

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GILMORE, HARLEY C  
2109 LITHIA PINECREST ROAD  
VALRICO, FL 33596 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           GILMORE, HARLEY C  
Address        2109 LITHIA PINECREST ROAD  
City-State-Zip: VALRICO FL 33596

Title           SD  
Name           MARSHALL, JAMES  
Address        5020 CLEWIS AVE  
City-State-Zip: TAMPA FL 33610-5818

Title           VD  
Name           VANBLARCOM, RALPH  
Address        23120 DOVER DRIVE  
City-State-Zip: LAND O' LAKES FL 34639-4277

Title           D  
Name           SAUNDERS, STEVE  
Address        305 SUZETTE DRIVE  
City-State-Zip: BRANDON FL 33511-6026

Title           D  
Name           KELLER, WILLIAM  
Address        150 NE FORTH ST  
City-State-Zip: CHIEFLAND FL 32626-0943

Title           D  
Name           KELLER, JOAN  
Address        150 N.E. FORTH ST  
City-State-Zip: CHIEFLAND FL 32626-0943

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARLEY C. GILMORE

**PRESIDENT**

**04/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date