

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90053 035 \*\*\*150.00

**20012466**



01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L38633</b> 1. Entity Name <b>ACACIA HISTORICAL ARTS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2358 S. OCEAN BLVD. HIGHLAND BCH, FL 33487 US</b>			Mailing Address <b>% LINDA K. JOHNSON CPA. 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH, FL 33441</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>65-0167373</b> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>JOHNSON, LINDA 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH, FL 33441</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GREENE, CARROLL 532 E STATE ST SAVANNAH, GA 31401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>INCE, PETER C. 1216 SW MULBERRY WAY BOCA RATON, FL 33486</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDV <input type="checkbox"/> Delete <b>HERTEL, GEORGE S 1160 INGLECRESS DR CHARLOTTESVILLE, VA 22901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1515 RUNNING CEDAR CT CHARLOTTESVILLE VA 22911</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>O'ROURKE, MICHAEL 1337 SW 2ND ST BOCA RATON, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MC ALLISTER, JANE 1081 NW 13TH CT #1 BOCA RATON, FL 33486</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HERTEL, MARILYN 1160 INGLECRESS DR CHARLOTTESVILLE, VA 22901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1515 RUNNING CEDAR CT CHARLOTTESVILLE VA 22911</b>		
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.					
<b>SIGNATURE:</b> <u>George S. Hertel</u> <b>GEORGE S. HERTEL</b> <u>2/2/05</u> <u>434-293-1281</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

20012466

ADDITIONS TO LIST OF OFFICERS AND DIRECTORS  
ACACIA HISTORICAL ARTS INTERNATIONAL, INC.  
DOCUMENT# L38633

TITLE:	D
NAME:	HERTEL, CHARLES R.
STREET ADDRESS:	4579 SETTLES BRIDGE ROAD
CITY-ST-ZIP	SUWANNE, GA 30174

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TITLE:	P
NAME:	VINCENT, BERNARD JOSEPH
STREET ADDRESS:	1064 HIGH ROCK ROAD
CITY-ST-ZIP	RAPHINE, VA 24472

TITLE:	S
NAME:	EDDRINGTON, THOMAS
STREET ADDRESS:	14476 REUTER STRASSE CR, UNIT 2
CITY-ST-ZIP	TAMPA, FL 33613

TITLE:	T
NAME:	REID, CHRISTOPHER
STREET ADDRESS:	2530 INDIAN LAUREL ROAD
CITY-ST-ZIP	CHARLOTTESVILLE, VA 22911

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