

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 034 ***150.00

DOCUMENT # L85452

1. Entity Name
PRESERVATION POSSIBILITIES, INC.



Principal Place of Business
**140 SO BEACH ST
SUITE 400
DAYTONA BEACH, FL 32114 US**

Mailing Address
**P.O. BOX 269
DAYTONA BEACH, FL 32115-0269 US**

40069641



2. Principal Place of Business
440 WESTERN RD

3. Mailing Address
PO BX 291278

Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State
NEW SMYRNA BCH FL

City & State
PORT ORANGE FL

Zip
32168 8971

Country
US

Zip
32129 1278

Country
US

4. FEI Number
59-3041108

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BULLARD, ROBERT
140 S BEACH ST # 400
P.O. BOX 269
DAYTONA BEACH, FL 32115-0269**

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
440 WESTERN RD

City
NEW SMYRNA BEACH

FL

Zip Code
32168 8971

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 **Robert Bullard** **Robert Bullard** **4/26/06**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D PAUL, JANIS G. P.O. BOX 566 DAYTONA BEACH, FL 321150566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, ROBERT R. P.O. BOX 269 DAYTONA BEACH, FL 321150269	<input 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
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	> SAME PO BX 291261 Port Orange FL 321291261	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESSES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	> SAME PO BX 291278 Port Orange FL 321291278	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESSES
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

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 an other like, empowered.

SIGNATURE: **Robert Bullard** **Robert Bullard** **4/26/06** **386 428 7361**

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