

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L85452

1. Entity Name
PRESERVATION POSSIBILITIES, INC.



Principal Place of Business
440 WESTERN RD
NEW SMYRNA BEACH, FL 32168-8971 US

Mailing Address
P.O. BOX 291278
PORT ORANGE, FL 32129-1278 US



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3041108

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BULLARD, ROBERT
440 WESTERN RD
NEW SMYRNA BEACH, FL 32168-8971

DO NOT WRITE
IN THIS SPACE

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

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, 2007 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 291261
PORT ORANGE, FL 321291261

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BULLARD, ROBERT R.
P.O. BOX 291278
PORT ORANGE, FL 321291278

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

UN00000733040
05/09/07-80070-022 150.00

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:

Robert H. Bullard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APR 2007 386 429 7361

Date

Daytime Phone #