

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90092 014 \*\*\*\*61.25

<b>DOCUMENT # N00000007018</b>	
1. Entity Name BOSTWICK PRESERVATION, INC.	

Principal Place of Business PO BOX 489, 280 PALMETTO BLUFF ROAD BOSTWICK, FL 32007	Mailing Address PO BOX 489, 280 PALMETTO BLUFF ROAD BOSTWICK, FL 32007
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**50049887**



01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <del>69-3683664</del> <b>59-368408</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REINEY, C.W.  
 1301 RIVERPLACE BLVD SUITE 1500  
 JACKSONVILLE, FL 32207

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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 WILKINSON, CLAUDIA PO BOX 519, 155 CAZZIE DRIVE BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKES, JANET E 204 CEDAR CREEK ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, CHARLIE PO BOX 519, 155 CAZZIE DR. BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTWIG, ANNE M PO BOX 68 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTWIG, ROBERT L PO BOX 68 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINEY, BETSY H 280 PALMETTO BLUFF ROAD PALATKA, FL 32177

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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 617, 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: C. W. Reiney Date 4-30-05 Daytime Phone # \_\_\_\_\_