

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007018**

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**



01152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3681408**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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**

U000000624118  
02/14/07-80017-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/07**  
Date

**386-312-9633**  
Daytime Phone #