

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007580

FILED
Apr 20, 2006
Secretary of State

Entity Name: HISTORICAL RESTORATION ENTERPRISES, INCORPORATED

Current Principal Place of Business:

510 MULHOLLAND PARK
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

510 MULHOLLAND PARK
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 31-1757137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURK, RUTH A
510 MULHOLLAND PARK
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURK, RUTH
Address: 510 MULHOLLAND PARK
City-St-Zip: PALATKA, FL 32177

Title: VPD () Delete
Name: BURK, DAWN
Address: 510 MULHOLLAND PARK
City-St-Zip: PALATKA, FL 32177

Title: SD () Delete
Name: BURK, RICHARD
Address: 600 EMMETT ST.
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH BURK

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date