

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007580

**FILED**  
**Apr 19, 2011**  
**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  
Name: BURK, RUTH  
Address: 510 MULHOLLAND PARK  
City-St-Zip: PALATKA, FL 32177

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH BURK

PD

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date