

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2004  
Secretary of State**

DOCUMENT# N03000002812

Entity Name: PRESERVAMERICA, INC.

**Current Principal Place of Business:**

25 2ND ST N #300  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

25 2ND ST N #300  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 65-1207764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOSCH, WILLIAM C  
25 2ND ST N #300  
ST PETERSBURG, FL 33701

**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: C      ( ) Delete  
Name: LOSCH, WILLIAM  
Address: 10355 PARADISE BLVD #1013  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S      ( ) Delete  
Name: DASILVA, ALISON  
Address: 11921 SUNSHINE LN  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD      ( ) Delete  
Name: LAWSON, JENNIFER  
Address: 501 SANDY HOOK DR  
City-St-Zip: TREASURE ISLAND, FL 33706

**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 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 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: WILLIAM LOSCH

DIR

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date