


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90120 020 \*\*\*\*70.00

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<b>DOCUMENT # N04000009166</b>					
1. Entity Name HISTORICAL PRESERVATION, INC.					
Principal Place of Business 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121			Mailing Address 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01272005 Chg-NP CR2E037 (10/03)	
4. FEI Number 68-0600657				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILMORE, HARLEY C 900 LITHIA PINECREST ROAD BRANDON, FL 33511-6121			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GILMORE, HARLEY C 900 LITHIA PINECREST ROAD BRANDON, FL 335116121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Gilmore, Harley C. 900 Lithia Pinecrest Road Brandon, FL 335116121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, HARLEY C 900 LITHIA PINECREST ROAD BRANDON, FL 335116121 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D James Marshall 5020 Glewis Ave. TAM PA, FL 336105818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANBLARCOM, RALPH 23120 DOVER DRIVE LAND O' LAKES, FL 346394277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D vanblarcom, Ralph 23120 Dover Drive Landa' Lakes, FL 346394277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, STEVE 305 SUZETTE DRIVE BRANDON, FL 335116026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William keller 150 N.E. Forth St. Chief land, FL 32626-0943 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan keller 150 N.E. Forth St. Chief land, FL 32626-0943 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glenn Nickens 2213 W. Yeats Ave. Lakeland, FL 33815-1109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Harley C. Gilmore</u> 1/26/05 (813) 657-4110 DATE: _____ DAYTIME PHONE: _____					