

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009166

FILED
Jan 25, 2006
Secretary of State

Entity Name: HISTORICAL PRESERVATION, INC.

Current Principal Place of Business:

900 LITHIA PINECREST ROAD
BRANDON, FL 335116121

New Principal Place of Business:

Current Mailing Address:

900 LITHIA PINECREST ROAD
BRANDON, FL 335116121

New Mailing Address:

FEI Number: 68-0600657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILMORE, HARLEY C
900 LITHIA PINECREST ROAD
BRANDON, FL 335116121 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: PTD () Delete
Name: GILMORE, HARLEY C
Address: 900 LITHIA PINECREST ROAD
City-St-Zip: BRANDON, FL 335116121

Title: SD () Delete
Name: MARSHALL, JAMES
Address: 5020 GLEWIS AVE
City-St-Zip: TAMPA, FL 336105818

Title: VD () Delete
Name: VANBLARCOM, RALPH
Address: 23120 DOVER DRIVE
City-St-Zip: LAND O' LAKES, FL 346394277

Title: D () Delete
Name: SAUNDERS, STEVE
Address: 305 SUZETTE DRIVE
City-St-Zip: BRANDON, FL 335116026

Title: D () Delete
Name: KELLER, WILLIAM
Address: 150 NE FORTH ST
City-St-Zip: CHIEFLAND, FL 326260943

Title: D () Delete
Name: KELLER, JOAN
Address: 150 N.E. FORTH ST
City-St-Zip: CHIEFLAND, FL 326260943

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MARSHALL, JAMES
Address: 5020 CLEWIS AVE
City-St-Zip: TAMPA, FL 336105818

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

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: HARLEY C. GILMORE

PTD

01/25/2006

Electronic Signature of Signing Officer or Director

Date