

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

DOCUMENT# N04000009166

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

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

PTD

01/25/2006

\_\_\_\_\_  
Date