2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009166

Entity Name: HISTORICAL PRESERVATION, INC.

FILED Jul 12, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
900 LITHIA PINECREST ROAD		918 LITHIA PINECREST ROAD	
BRANDON, FL 335116121		BRANDON, FL 335116121	
Current Mailing Address:		New Mailing Address:	
900 LITHIA PINECREST ROAD		918 LITHIA PINECREST ROAD	
BRANDON, FL 335116121		BRANDON, FL 335116121	
FEI Number: 68-0600657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
Name and Address of Current Registered Agent. Name and Address of New Registered Agent.			
GILMORE, HARLEY C		GILMORE, HARLEY C	
900 LITHIA PINECREST ROAD		918 LITHIA PINECREST ROAD	
BRANDON, FL 335116121 US		BRANDON, FL 335116121 US	
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATURE:			07/12/2007
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title:	PTD () Delete	Title:	PTD (X) Change () Addition
Name:	GILMORE, HARLEY C	Name:	GILMORE, HARLEY C
Address:	900 LITHIA PINECREST ROAD	Address:	918 LITHIA PINECREST ROAD
City-St-Zip:	BRANDON, FL 335116121	City-St-Zip:	BRANDON, FL 335116121
Title:	SD () Delete	Title:	()Change ()Addition
Name:	MARSHALL, JAMES	Name:	
Address:	5020 CLEWIS AVE	Address:	
City-St-Zip:	TAMPA, FL 336105818	City-St-Zip:	
Title:	VD () Delete	Title:	()Change ()Addition
Name:	VANBLARCOM, RALPH	Name:	
Address:	23120 DOVER DRIVE	Address:	
City-St-Zip:	LAND O' LAKES, FL 346394277	City-St-Zip:	
Title:	D () Delete	Title:	()Change ()Addition
Name:	SAUNDERS, STEVE	Name:	
Address:	305 SUZETTE DRIVE	Address:	
City-St-Zip:	BRANDON, FL 335116026	City-St-Zip:	
Title:	D () Delete	Title:	()Change ()Addition
Name:	KELLER, WILLIAM	Name:	
Address:	150 NE FORTH ST	Address:	
City-St-Zip:	CHIEFLAND, FL 326260943	City-St-Zip:	
Title:	D () Delete	Title:	()Change ()Addition
Name:	KELLER, JOAN	Name:	
Address:	150 N.E. FORTH ST	Address:	
City-St-Zip:	CHIEFLAND, FL 326260943	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 07/12/2007