


FILED
Mar 12, 2004 8:00 am
Secretary of State

02-23-2004 90047 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000038504					
1. Entity Name NATURAL PRESERVATION TECHNOLOGY, INC.					
Principal Place of Business 2440-30TH AVE. N. ST PETERSBURG, FL 33713			Mailing Address 2440-30TH AVE. N. ST PETERSBURG, FL 33713		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 50-3634217				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required: <input type="checkbox"/>	
6. Name and Address of Current Registered Agent KOEPE, PATRICIA A 2440-30TH AVE. N. SAINT PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name: GARY L. HARRISON Street Address (P.O. Box Number is Not Acceptable) 2440 30th Ave N. City: ST. PETERSBURG FL Zip Code 33713	
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, GARY L		NAME		
STREET ADDRESS	2440-30TH AVE. N.		STREET ADDRESS		
CITY- ST- ZIP	ST PETERSBURG, FL 33713		CITY- ST- ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORCHARD, JAMES A		NAME		
STREET ADDRESS	2440-30TH AVE. N.		STREET ADDRESS		
CITY- ST- ZIP	ST PETERSBURG, FL 33713		CITY- ST- ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOEPE, PATRICIA A		NAME		
STREET ADDRESS	2440-30TH AVE. N.		STREET ADDRESS		
CITY- ST- ZIP	ST PETERSBURG, FL 33713		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESLER, WILLIAM M		NAME		
STREET ADDRESS	2440-30TH AVE. N.		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33713		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLINGER, EMERY III		NAME		
STREET ADDRESS	2440-30TH AVE. N.		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33713		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.					
SIGNATURE: _____ James A. Orchard 2/19/04 727-526-9500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Gary L. Harrison GARY L. HARRISON 3/1/04 727-526-9500					