

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90331 049 \*\*\*150.00

14001052



04122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000010004</b> 1. Entity Name <b>HISTORIC CREATIONS DEVELOPMENT COMPANY</b>																													
Principal Place of Business <del>503 N ORLANDO AVENUE #105L</del> <del>COCOA BEACH, FL 32931</del>			Mailing Address <b>503 N ORLANDO AVENUE #105L</b> <b>COCOA BEACH, FL 32931</b>																										
2. Principal Place of Business <b>61 W Colonial Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>61 W Colonial Dr</b> Suite, Apt. #, etc.																											
City & State <b>Orlando FL</b> Zip <b>32901</b>		City & State <b>Orlando FL</b> Zip <b>32901</b>		4. FEI Number <b>59-3695685</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SHOEMAKER, JOHN B</b> <b>503 N ORLANDO AVENUE #105</b> <del>COCOA BEACH, FL 32931</del>																									
7. Name and Address of New Registered Agent Name <b>61 W Colonial Dr</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Orlando</b> <b>FL</b> Zip Code <b>32901</b>				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  DATE <b>4/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>KODSI, STEVEN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4432 PARKWAY COMMERCE BLVD</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>ORLANDO, FL 32808</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>KODSI, STEVEN</b>		STREET ADDRESS	<b>4432 PARKWAY COMMERCE BLVD</b>		CITY - ST - ZIP	<b>ORLANDO, FL 32808</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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, with all other like empowered.																													
SIGNATURE: <b>4/22/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													