

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030159

FILED  
Jan 15, 2005  
Secretary of State

Entity Name: HISTORICAL ACQUISITIONS, INC.

**Current Principal Place of Business:**

5441 GRIFFITH MILL RD  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 217  
BAKER, FL 32531

**New Mailing Address:**

FEI Number: 59-3709863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COVELL, SCOTT M  
34990 EMERALD COAST PARKWAY  
SUITE 301  
DESTON, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HELLER, NEVIN  
Address: 5441 GRIFFITH MILL RD  
City-St-Zip: BAKER, FL 32531

Title: STD ( ) Delete  
Name: MCKELVY, WILLIAM R  
Address: 5441 GRIFFITH MILL ROAD  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R MCKELVY

STD

01/15/2005

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

\_\_\_\_\_  
Date