

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030159

FILED
Feb 16, 2006
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:

MCDANIEL, CHAD
34990 EMERALD COAST PARKWAY
SUITE 301
DESTON, FL 32541 US

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: CHAD MCDANIEL

02/16/2006

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

SIGNATURE: NEVIN HELLER

PD

02/16/2006

Electronic Signature of Signing Officer or Director

Date