


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90464 008 \*\*\*158.75


DOCUMENT # P02000016444  
 1. Entity Name  
 BUILDING PRESERVATION, INC.



Principal Place of Business: 2609 EAST 7TH AVE. TAMPA, FL 33605  
 Mailing Address: 2609 EAST 7TH AVE. TAMPA, FL 33605

2. Principal Place of Business: 2601 East 7th Avenue, Suite, Apt. #, etc.  
 3. Mailing Address: 2601 East 7th Avenue, Suite, Apt. #, etc.

City & State: Tampa, Florida  
 Zip: 33605, Country: USA



01072004 Chg-P CR2E034 (10/03)

4. FEI Number: NOT APPLICABLE  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MORRISON, ANDREW S  
 833 SEDDON COVE WAY  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent  
 Name: Andrew S. Morrison  
 Street Address (P.O. Box Number is Not Acceptable): 11824 Hadleigh Way  
 City: Trinity, FL Zip Code: 34655

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: MORRISON, ANDREW S	STREET ADDRESS: 833 SEDDON COVE WAY	CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE: D	NAME: MORRISON, EILEEN	STREET ADDRESS: 833 SEDDON COVE WAY	CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: C.E.O.	NAME: Andrew S. Morrison	STREET ADDRESS: 11824 Hadleigh Way	CITY-ST-ZIP: Trinity, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary	NAME: Eileen I. Morrison	STREET ADDRESS: 11824 Hadleigh Way	CITY-ST-ZIP: Trinity, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 authority to be empowered.

SIGNATURE: Andrew S. Morrison April 23, 2004 (813) 248-1975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #