

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90080 043 ***150.00

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1. Entity Name

HISTORICAL RESEARCH CORP.



Principal Place of Business

2019 CORPORATE DR
BOYNTON BCH FL 33426

Mailing Address

2019 CORPORATE DR
BOYNTON BCH FL 33426



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1530632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUIS, NANCY A
2019 CORPORATE DRIVE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete
NAME WALSHE, MICHAEL
STREET ADDRESS 2019 CORPORATE DR
CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPSP ☐ Change ☒ Addition
NAME FISH, ESTELLE
STREET ADDRESS 2019 Corporate Drive
CITY-ST-ZIP Boynton Bch, Fl. 33426

TITLE ☐ Change ☒ Addition
NAME MARQUIS, NANCY
STREET ADDRESS 2019 Corporate Drive
CITY-ST-ZIP Boynton Beach, Fl. 33426

TITLE ☐ Change ☒ Addition
NAME VP PROD. D
NAME DELL, MICHAEL
STREET ADDRESS 2019 Corporate Drive
CITY-ST-ZIP Boynton Bch, Fl. 33426

TITLE ☐ Change ☒ Addition
NAME TREAS D
NAME SZE, MARY
STREET ADDRESS 2019 Corporate Drive
CITY-ST-ZIP Boynton Bch, Fl. 33426

TITLE ☐ Change ☒ Addition
NAME D
NAME LEONARD, AIDEN
STREET ADDRESS 2019 Corporate Drive
CITY-ST-ZIP Boynton Bch, Fl. 33426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 5617325263
Date Daytime Phone #