

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000105216

1. Entity Name

FLORIDA PRESERVATION, P.A.



Principal Place of Business

PO BOX 51412
SARASOTA FL 34232

Mailing Address

PO BOX 51412
SARASOTA FL 34232



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

51-0568672

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTMAN, BEA
5608 MONTE ROSSO RD
SARASOTA FL 34243

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 the applicable

(NOTE: Registered Agent signature required when reorganizing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME HARTMAN, BEA
STREET ADDRESS 5608 MONTE ROSSO RD
CITY-ST-ZIP SARASOTA FL 34243
2-23-08

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000842010
CITY-ST-ZIP 03/11/08-80011-001 75.00

TITLE ☐ Delete
NAME CARVER, BESS
STREET ADDRESS 3709 NW 23RD AVE
CITY-ST-ZIP GAINESVILLE FL 32605
2-17-08

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000842010
CITY-ST-ZIP 03/11/08-80011-002 75.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Bea Hartman, Bess Carver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-08

Date

Daytime Phone #