

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105216

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: FLORIDA PRESERVATION, P.A.

## Current Principal Place of Business:

PO BOX 51412  
SARASOTA, FL 34232

## New Principal Place of Business:

5608 MONTE ROSSO RD.  
SARASOTA, FL 34243

## Current Mailing Address:

PO BOX 51412  
SARASOTA, FL 34232

## New Mailing Address:

5608 MONTE ROSSO RD.  
SARASOTA, FL 34243

FEI Number: 51-0568672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARTMAN, BEA  
5608 MONTE ROSSO RD  
SARASOTA, FL 34243 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: D ( ) Delete  
Name: HARTMAN, BEA  
Address: 5608 MONTE ROSSO RD  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: CARVER, BESS  
Address: 3709 NW 23RD AVE  
City-St-Zip: GAINESVILLE, FL 32605

## 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 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: BEA HARTMAN

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

DIR.

01/27/2009

\_\_\_\_\_  
Date