2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State
02-14-2008 90013 021 ***150.00

DOCUMENT # P06000125970

1. Entity Name
HISTORIC PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
8076 QUEEN PALM LANE 443 FORT MYERS FL 33912	8076 QUEEN PALM LANE 443 FORT MYERS FL 33912

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8076 QUEEN Palm Lane	8076 QUEEN PALM LANE
Suite, Apt. #, etc.: 443	Suite, Apt. #, etc.: 443
City & State: Ft Myers, FL	City & State: Ft Myers, FL
Zip: 33966 Country: USA	Zip: 33966 Country: USA

4. FEI Number 20-5629423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHRENS, LEO C
8076 QUEEN PALM LANE
443
FORT MYERS FL 33912

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 X Leo Behrens 2-6-08
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, 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

TITLE	PSDT	☐ Delete
NAME	BEHRENS, LEO C	
STREET ADDRESS	8076 QUEEN PALM LANE, UNIT 443	
CITY-ST-ZIP	FORT MYERS FL 339~~12~~ 66	
TITLE	CEO	☐ Delete
NAME	SANDRA BEHRENS	
STREET ADDRESS	8076 QUEEN PALM 443	
CITY-ST-ZIP	FT MYERS - FL 33966	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: X Leo Behrens, Pres. 3-25-08 2382789007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #