


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012815
 1. Entity Name
 HISTORICAL COLLECTORS, INC.



Principal Place of Business Mailing Address
 306 E BULLARD PKWY 306 E BULLARD PKWY
 TAMPA, FL 33617 TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3523310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAID, GHALEB M
 222 E. BULLARD PKWY.
 TAMPA, FL 33617

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAID, GHALEB M 222 E. BULLARD PKWY. TAMPA, FL 33617
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: *Ghaled M Said - President* 5/21/06 813-985-3175
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #