


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90055 047 ***150.00

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



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

2. Principal Place of Business - No P.O. Box # **2344 CRESTOUR LANE** 3. Mailing Address **2344 CRESTOUR LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Wesley Chapel FL** City & State **Wesley Chapel, FL**
 Zip **33543** Country **PASCO** Zip **33543** Country **PASCO**

40124304



07092007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent
 Name **Jose S. Ramos**
 Street Address (P.O. Box Number is Not Acceptable)
2344 CRESTOUR LANE
 City **Wesley Chapel FL** Zip Code **33543**

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 _____ DATE **7/7/07**

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	DP <input type="checkbox"/> Delete
NAME	SAID, GHALEB M
STREET ADDRESS	222 E. BULLARD PKWY.
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 another, I am empowered.

SIGNATURE: Ghaled M Said **GHALEB M. SAID - Pres.** Date: **7/7/07** Daytime Phone #: **813-985-3175**