

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008689

FILED
Jul 15, 2004
Secretary of State**Entity Name:** ST. AUGUSTINE HISTORIC INNS, INC.**Current Principal Place of Business:**11 CADIZ ST
ST AUGUSTINE, FL 32084**New Principal Place of Business:**22 AVENIDA MENENDEZ
ST AUGUSTINE, FL 32084**Current Mailing Address:**11 CADIZ ST
ST AUGUSTINE, FL 32084**New Mailing Address:**PO BOX 5268
ST AUGUSTINE, FL 32084**FEI Number:** 04-3637581**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CEROTZKE, KEN
11 CADAZ ST
SAINT AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**CREWS, SHERRI
22 AVENIDA MENENDEZ
SAINT AUGUSTINE, FL 32084 US

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: SHERRI CREWS

07/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CEROTZKE, KEN
Address: 11 CADIZ ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: LAFORTE, DON
Address: 34 SARAGOSSA ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: CREWS, SHERRI
Address: 22 AVENIDA MENENDEZ
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: THOMAS, RUS
Address: 79 CEDAR ST
City-St-Zip: ST SUGUSTINE, FL 32084

Title: D (X) Delete
Name: HURLEY, KATHLEEN
Address: 20 COROOVA ST.
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Delete
Name: HURLEY, KATHLEEN
Address: 20 CORONA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CREWS, SHERRI
Address: 22 AVENIDA MENENDEZ
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: BREZING, DAVE
Address: 7 CINCINNATI AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TRES (X) Change () Addition
Name: SCHWARTZ, PAUL
Address: 83 CEDAR STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: SEC (X) Change () Addition
Name: THOMAS, RUS
Address: 79 CEDAR ST
City-St-Zip: ST SUGUSTINE, FL 32084

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI CREWS

PRES

07/15/2004

Electronic Signature of Signing Officer or Director

Date