2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam				Secretai	y of state	
ST. GEORGE SQUARE, INC.				해 /		
}		Mailing Address]		
2110 DREW CLEARWATE	ST R. FL 33765	2110 DREW ST CLEARWATER, FL 33765				
DO NOT WRITE IN THIS CRA			^E	01082004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 51-043		Applied For Not Applicable
						\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent	<u> </u>	<u> </u>		
MAKRIS, PETER 2110 DREW ST				DO	NOT WR	ITE
CLEARWATER, FL 33765				IN -	THIS SPA	CE
						_
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Florida	a. I am familiar with, and accept
SIGNATURE.			<u>-</u>			-
	Signature, typed or printed name of registered agent and the	tle if applicable (NOTE Registers	ed Agent signature requin	ed when reinstating)		DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Final Trust Fund Contribution.		.00 May Be ded to Fees	0000000 02/27/04-8	67767 0013-008 150.00
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME	OP MAKRIS, PETER					
STREET ADDRESS CITY-ST-ZIP	2110 DREW ST CLEARWATER, FL 33765					
TITLE			1			
NAME STREET ADDRESS						
CITY-ST-ZIP			4			-
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE
TITLE NAME			IN THIS SPACE			
TITLE NAME						
ORNIC CIDEET ADDRESS			1			

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I Turther 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 exacute 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 impowered.

SIGNATURE: _

CHY-SI-ZIP

HAME
STREET ADDRESS
CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT PETER MAKUS

2/20/04

Dayone Phone #