

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54150

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: AGINCOURT GROUP, INC.

**Current Principal Place of Business:**

620 - 11 PONTE VEDRA BLVD.  
PONTE VEDRA BEACH, FL 32004

**New Principal Place of Business:**

620 - 11 PONTE VEDRA BLVD.  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

PO BOX 2346  
PONTE VEDRA BCH., FL 32004

**New Mailing Address:**

PO BOX 2346  
PONTE VEDRA BEACH., FL 32004

FEI Number: 59-3134890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIES, RAE  
620-11 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32004 US

**Name and Address of New Registered Agent:**

DAVIES, RAE  
620-11 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082 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: \_\_\_\_\_

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: DAVIES, RAE  
Address: 620-11 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: DAVIES, JEFFREY O.  
Address: 620-H PONTE VEDRA BEACH  
City-St-Zip: PONTE VEDRA BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DAVIES, JEFFREY O.  
Address: 620-11 PONTE VEDRA BEACH  
City-St-Zip: PONTE VEDRA BCH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE DAVIES

PST

03/09/2006

Electronic Signature of Signing Officer or Director

Date