


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90991 041 \*\*\*150.00

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # 451098</b><br>1. Entity Name<br><b>ST. AUGUSTINE SERVICE, INC.</b>  |   |                                 |  |   |  |
| Principal Place of Business<br><b>1961 DOBBS RD.<br/>P. O. BOX NO. 187<br/>ORANGE PARK FL 32067-7187</b>  |   |                                 | Mailing Address<br><b>1961 DOBBS RD.<br/>P. O. BOX NO. 187<br/>ORANGE PARK FL 32067-7187</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |   |                                 | City & State   |  |  |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number <b>59-1523179</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |  | 6. Name and Address of Current Registered Agent<br><b>SMITH &amp; HULSEY<br/>1800 FLORIDA NAT'L BANK TOWER<br/>225 WATER STREET<br/>JACKSONVILLE FL 32202</b>  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span>   |   |                                 |  | 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>WILLIAMS, W L SR</b><br><b>4720 S.R. 13</b><br><b>JACKSONVILLE FL</b>                | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>WILLIAMS, W.L. JR</b><br><b>1961 DOBBS ROAD</b><br><b>ST. AUGUSTINE FL 32067-7187</b> | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>PERRETTA, VIRGIE H.</b><br><b>14 BANTON LN</b><br><b>PALM COAST FL 32137</b>          | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered. |   |                                 |  |  |  |
| <b>SIGNATURE: <i>Virgie H. Perretta</i> VIRGIE H. PERRETTA</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">4/23/04 904-272-3284</span><br><div style="text-align: right;">         Date Daytime Phone #       </div>  |   |                                 |  |  |  |