2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598839

Name:

Address:

City-St-Zip:

SHIVER, JOANN A

228 FRANKLIN BLVD

ST. GEORGE ISLAND, FL 32328

FILED Apr 24, 2007 Secretary of State

Entity Nar	me: ST. GEORG	GE ISLAN	ND TRAILER PARK	, INC.		
Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
	KLIN BLVD GE ISLAND, FL	32328	US			
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
	KLIN BLVD GE ISLAND, FL	32328	US			
FEI Number:	: 59-1871773	FEI Numb	er Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
ARMISTEAD, VERONICA C STAR ROUTE BOX 7, ST. GEORGE ISLAND EASTPOINT, FL 32328 US				228 FRANKLÍN BLVI	ARMISTEAD, VERONICA C 228 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328 US	
The above in the State	named entity sul e of Florida.	bmits thi	s statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: JOANN A. SHIVER					04/24/2007	
	Electronic	Signatu	re of Registered Age	ent	Date	
Election Car	npaign Financing T	rust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DO ARMISTEAD, VER 228 FRANKLIN BL ST. GEORGE ISLA	RONICA, C LVD.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () DO ARMISTEAD, WAI 228 FRANKLIN BL ST GEORGE ISLA	LTER J LVD.	2328	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()D	elete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOANN A. SHIVER VΡ 04/24/2007