

APR-19-2004 14:32

P.06

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 652532	
1. Entity Name BUCCANEER INN OF ST. GEORGE, INC.	
	
Principal Place of Business 160 W GORRIE DR ST GEORGE ISLAND, FL 32328 US	Mailing Address 228 FRANKLIN BLVD ST GEORGE ISLAND, FL 32328 US



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1964371	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARMISTEAD, VERONICA C FRANKLIN BLVD, WEST ST. GEORGE ISLAND, FL

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000124268
04/22/04-80038-015 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMISTEAD, VERONICA C. 228 FRANKLIN BLVD. ST GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARMISTEAD, WALTER J 228 FRANKLIN BLVD. ST GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIVER, JOANN A 228 FRANKLIN BLVD. ST. GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 007, 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.

SIGNATURE: Joann A. Shiver **4-21-04 (850) 927-2163**
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone