

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 660740</b>						
<b>1. Entity Name</b> ST. GEORGE'S PLANTATION, INC.						
<b>Principal Place of Business</b> 3038 CRAWFORDVILLE HWY STE A TALLAHASSEE, FL 32347			<b>Mailing Address</b> 3038 CRAWFORDVILLE HWY STE A TALLAHASSEE, FL 32347			
<b>2. Principal Place of Business</b> 3200 Commonwealth Blvd.		<b>3. Mailing Address</b> 3200 Commonwealth Blvd.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172006    Chg-P    CR2E034 (11/05)		
<b>City &amp; State</b> Tallahassee FL		<b>City &amp; State</b> Tallahassee FL		<b>4. FEI Number</b> 59-2238185		
<b>Zip</b> 32303		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b> BROWN, GENE D 3038-A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32347			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3200 Commonwealth Blvd. City Tallahassee FL Zip Code 32303			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> 300072703063 04/28/06--01027--010    **150.00		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PSD	<b>NAME</b> BROWN, GENE D		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> 3200 Commonwealth Blvd. Tallahassee, FL 32303	
<b>STREET ADDRESS</b> 3038-A CRAWFORDVILLE HWY	<b>CITY-ST-ZIP</b> CRAWFORDVILLE, FL 32347		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>						
<b>SIGNATURE:</b> <i>R. H. Brown, Pres.</i>			2-27-06		850-668-6103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	