


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 660740		
1. Entity Name ST. GEORGE'S PLANTATION, INC.		
Principal Place of Business 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 US	Mailing Address 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 US	

FILED
07 APR 26 AM 9:16
TALLAHASSEE, FLORIDA



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2238185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, GENE D 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303		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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, GENE D 3200 COMMONWEALTH BLVD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900101348329
05/03/07--01011--029 **150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07 (830) 668-6103
Date Daytime Phone #