2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: # H GR / O SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ORA

FILED Jan 07, 2005 08:00 AM Secretary of State

DOCUMENT # F00000000019 1. Entity Name ST. FRANCIS INVESTMENTS, INC.				Secretary of State		
	ce of Business 22ND AVENUE 3133	Mailing Address 2727 S.W. 22ND AVENUE MIAMI, FL 33133			Di derit enik derit edik derit enik sekil sekil sukk bolak ildir kakesi il efek	
Е	OO NOT WRITE	ACRES CONTROL OF THE PARTY OF T	CE	01052005 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent STEVERNE, JOHN 2727 S.W. 22ND AVENUE MIAMI, FL 33133			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTRELL, KENNETH R 300 WEST FIRST STREET TUSCUMBIA, AL 35674	RECTORS			U00000173385 01/07/05-80016-020 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRILLO, A A 2727 S.W. 22ND AVENUE MIAMI, FL 33133		}			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILLO, NADINE P 2727 S.W. 22ND AVENUE MIAMI, FL 33133	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
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TITLE NAME STREET ADORESS CITY-ST-ZIP						
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.						