2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# F01000006069

Entity Name: AUGUSTIN INN INC.

Current Principal Place of Business:

29 CUNA STREET
ST AUGUSTINE, FL 320843681

New Principal Place of Business:

11 CINCINNATI AVE.
ST AUGUSTINE, FL 32084

Current Mailing Address:

29 CUNA STREET
ST AUGUSTINE, FL 320843681

New Mailing Address:

11 CINCINNATI AVE.
ST AUGUSTINE, FL 32084

FEI Number: 58-2482975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKETT, ROBERT R
29 CUNA STREET
ST AUGUSTINE, FL 320843681 US

Name and Address of New Registered Agent:

BRACKETT, ROBERT R
11 CINCINNATI AVE.
ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: ROBERT BRACKETT 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: BRACKETT, ROBERT R
Address: 29 CUNA STREET
City-St-Zip: ST AUGUSTINE, FL

Title: VSD ( ) Delete
Name: BRACKETT, SHERRI W
Address: 29 CUNA STREET
City-St-Zip: ST AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: BRACKETT, ROBERT R
Address: 11 CINCINNATI AVE.
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VSD (X) Change ( ) Addition
Name: BRACKETT, SHERRI W
Address: 11 CINCINNATI AVE.
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT BRACKETT PCD 04/26/2007
Electronic Signature of Signing Officer or Director Date