2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33542

Name:

Title:

Name:

Address: City-St-Zip: HARRIS, LYNN F

12 S CASTILLO DR

HARRIS, JAMÉS E

SAINT AUGUSTINE, FL 32084

() Delete

FILED Jul 08, 2007 Secretary of State

							,	
Entity Nan	ie: TEPEE	E TOWN OF S	ST. AUGUSTINE, INC	O.				
Current Principal Place of Business:					New Principal Place of Business:			
12 SOUTH C/O FRED ST AUGUS	J HARRIS							
Current Mailing Address:					New Mailing Address:			
12 SOUTH C/O FRED ST AUGUS	J HARRIS							
FEI Number:	59-2095506	FEI Numb	er Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
HARRIS, FRED 12 SOUTH CASTILLO DRIVE ST AUGUSTINE, FL 32084 US					HARRIS, FRED J 12 SOUTH CASTILLO DRIVE ST AUGUSTINE, FL 32084 US			
The above in the State		ty submits this	s statement for the po	urpose o	f changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: FRED J HARRIS					07/08/2007			
Electronic Signature of Registered Agent					Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P-T HARRIS, FR 12 CASTILL ST AUGUST				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D HARRIS, FR 12 S CASTII ST AUGUST				Title: Name: Address: City-St-Zip:	,	(X) Change()Addition REDERICK G ILLO DRIVE TINE, FL	
Title:	VP-S	() Delete			Title:	S	(X) Change () Addition	

Address: 12 CASTILLO DR Address:
City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip:

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.

Name:

Title:

Name:

Address:

City-St-Zip:

HARRIS, LYNN F

12 S CASTILLO DR

SAINT AUGUSTINE, FL 32084

() Change () Addition

SIGNATURE: FRED J HARRIS PRES 07/08/2007