

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01614

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: ST. AUBIN CORPORATION

## Current Principal Place of Business:

1919 COURTNEY DR  
UNIT 1A  
FT. MYERS, FL 33901 US

## New Principal Place of Business:

## Current Mailing Address:

1919 COURTNEY DR.  
UNIT 1A  
FT. MYERS, FL 33901 US

## New Mailing Address:

FEI Number: 59-2465132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OBEN DENNIS  
1919 COURTNEY DR.  
UNIT 1A  
FT.MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OBEN, DENNIS  
Address: 903 NORTH STREET  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VST ( ) Delete  
Name: OBEN, DONALD  
Address: 300 NATUREVIEW CT  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP ( ) Delete  
Name: OBEN, JASON  
Address: 416 S.E. 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OBEN, JASON  
Address: 2601 SW 29TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS OBEN

P

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date