2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30981

Entity Name: AUGUSTINE ASSET MANAGEMENT, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3740 BEACH BLVD #307 JACKSONVILLE, FL 32207				3740 BEACH BLVD #307 JACKSONVILLE, FL 32207 US		
Current Mailing Address:				New Mailing Address:		
3740 BEACH BLVD #307 JACKSONVILLE, FL 32207			3740 BEACH BLVD #307 JACKSONVILLE, FL 32207 US			
FEI Number:	: 59-2467687	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Cert	ificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of New I	Registered Agent:
1930 SAN ST. MARK JACKSON The above	VILLE, FL 322	,	urpose o	f changing it	ts registered office	or registered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt			Date
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEMETREE, JA 3740 BEACH B			Title: Name: Address: City-St-Zip:	D (X) Char DEMETREE, JACK C 3740 BEACH BLVD., JACKSONVILLE, FL	#300
Title: Name: Address: City-St-Zip:	D () DEMETREE, W 3348 EDGEWA ORLANDO, FL	TER DR		Title: Name: Address: City-St-Zip:	D (X) Char DEMETREE, WILLIAI 3348 EDGEWATER I ORLANDO, FL 3280	DR .
Title: Name: Address: City-St-Zip:	BURNS, RONAL 3740 BEACH B			Title: Name: Address: City-St-Zip:	DCS (X) Char BURNS, RONALD J 3740 BEACH BLVD. ‡ JACKSONVILLE, FL	
Title: Name: Address: City-St-Zip:	WILLIAMSON, I 3740 BEACH B			Title: Name: Address: City-St-Zip:	V (X) Char WILLIAMSON, KIMBE 3740 BEACH BLVD. ‡ JACKSONVILLE, FL	# 307
Title: Name: Address: City-St-Zip:	SULLIVAN, NEI 3740 BEACH B			Title: Name: Address: City-St-Zip:	()Chan	ge () Addition
Title: Name: Address:	V () TUCKER, LORF 3740 BEACH BI			Title: Name: Address:	()Chan	ge () Addition

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

City-St-Zip:

SIGNATURE: LORRAINE H. TUCKER V 03/15/2005

JACKSONVILLE, FL 32207

City-St-Zip: