


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H67305</b>		
1. Entity Name ATLANTA & SAINT ANDREWS BAY RAILWAY COMPANY		

Principal Place of Business ATTN: TAX DEPARTMENT 8182 MARYLAND AVE ST LOUIS, MO 63105 US	Mailing Address ATTN: TAX DEPARTMENT 8182 MARYLAND AVE ST LOUIS, MO 63105 US
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DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-6000093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

DO NOT WRITE  
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCO HINRICH, CHARLES A 8182 MARYLAND AVE CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC KAUFMANN, PAUL K 8182 MARYLAND AVE CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MOORE, PATRICK J 8182 MARYLAND AVE CLAYTON, MO 63105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000354706  
05/03/05-80118-007 150.00

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

SIGNATURE: Paul K. Kaufmann PAUL K. KAUFMANN 4/29/2005(314)746-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #