

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90592 001 ***150.00
05-31-2005 90592 002 *****8.75

DOCUMENT # K11678	
1. Entity Name ST AUGUSTINE COURTYARD, INC.	



Principal Place of Business 21 HYPOLITA STREET ST AUGUSTINE, FL 32084	Mailing Address C/O SUSAN TALPALAR 4324 OCEAN HOMES COURT, #7 ST. AUGUSTINE, FL 32084
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66020402



2. Principal Place of Business 21 HYPOLITA ST Suite, Apt. #, etc.	3. Mailing Address 4324 Oceanhomes Ct Suite, Apt. #, etc.
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05192005 Chg-P CR2E034 (10/03)

City & State St Augustine FL	City & State St Augustine, FL
Zip 32084	Zip 32084
Country USA	Country USA

4. FEI Number 59-2873677	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TALPALAR, SUSAN 21 HYPOLITA STREET ST AUGUSTINE, FL 32084	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reconstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TALPALAR, SUSAN 21 HYPOLITA STREET ST AUGUSTINE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Susan Talpalar</u>	Date: <u>5-27-05</u>	Daytime Phone #: <u>904.471-3140</u>
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