


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L20197 |  |
| 1. Entity Name MODERN PROPERTIES OF ST. AUGUSTINE, INC. | |

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| Principal Place of Business C/O ELIZABETH ROBINS 4475 HWY US 1 SOUTH SUITE 504 ST AUGUSTINE, FL 32086 | Mailing Address C/O ELIZABETH ROBINS 4475 HWY US 1 SOUTH SUITE 504 ST AUGUSTINE, FL 32086 |
|--|--|

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2972453 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BAILEY, JOHN D JR
UPCHURCH, BAILEY & UPCHURCH
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable.

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000396045 01/27/06-80017-008 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ROBINS, ELIZABETH 4475 US 1 SOUTH #504 ST AUGUSTINE, FL 32086 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ROBINS, LAWRENCE 4475 US 1 SOUTH #504 ST AUGUSTINE, FL 32086 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Elizabeth Robins* Elizabeth Robins 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #