

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N13836

1. Entity Name
COLONIAL ST. AUGUSTINE, INC.



Principal Place of Business
11 MAGNOLIA AVE
ST. AUGUSTINE, FL 32084 US

Mailing Address
11 MAGNOLIA AVE
ST. AUGUSTINE, FL 32084 US



04242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950728	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

FRASER, JOHN R.
11 MAGNOLIA AVE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRASER, JOHN R.
STREET ADDRESS	11 MAGNOLIA AVE
CITY-ST-ZIP	ST. AUGUSTINE, FL

TITLE	D
NAME	FRASER, BRYAN
STREET ADDRESS	11 MAGNOLIA AVE
CITY-ST-ZIP	ST. AUGUSTINE, FL

TITLE	D
NAME	EDMISTON, W.C., JR.
STREET ADDRESS	36 ST. AUGUSTINE BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL

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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05/14/07-80005-019 61.25

**DO NOT WRITE
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.C. Edmiston, Jr.

Date

(904) 824-9192

Daytime Phone #