

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

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000001625**

1. Entity Name  
**ST. AUGUSTINE INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business  
**8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256**

Mailing Address  
**8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256**



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3259474</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GONZALES, DAVID E  
8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256**

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALES, DAVID E 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GONZALES, MARY F 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256
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01/18/07-80017-014 61.25

**DO NOT WRITE  
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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:** *Mary F. Gonzales* **Mary F. Gonzales** **1.11.07** **904 3381497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #