2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000038912

1. Entity Name ST. AUGUSTINE INVESTMENT, INC.

Principal Place of Business

Mailing Address

305 A1A BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084

SIGNATURE: _

P.O. BOX 1568 ST AUGUSTINE, FL 32085

FILED Feb 11, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01252005 No Chg-P

Applied For Not Applicable

59-3640437

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BINNINGER, STEVEN P 305 A1A BEACH BLVD. ST. AUGUSTINE BEACH, 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 it applicable. (NOTE: Registered Agent signature required when renstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAVAL STREET ADDRESS CITY-SI-ZIP	D BINNINGER, STEVEN P 305 A1A BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084				(100000)225228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HENRY F III 2 CHARLES STREET ST. AUGUSTINE, FL 32095				02/11/05-80031-023 150.00
TITLE NAME STREET ADDRESS COTY ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME SIREET ADDRESS CITY+SI+ZIP					
12. I hereby certify that the information supplied with this filling 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.					