

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000038912

1. Entity Name
ST. AUGUSTINE INVESTMENT, INC.



Principal Place of Business
**305 A1A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32084**

Mailing Address
**P.O. BOX 1568
ST AUGUSTINE, FL 32085**



02192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BINNINGER, STEVEN P
STREET ADDRESS	305 A1A BEACH BLVD.
CITY - ST - ZIP	ST. AUGUSTINE BEACH, FL 32084
TITLE	D
NAME	GREEN, HENRY F III
STREET ADDRESS	2 CHARLES STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000455255
03/15/06-80047-014 150.00

**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 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: *Henry F Green III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-06 *904 829-6858*