## 2007 FOR PROFIT CORPORATION -**ANNUAL REPORT**

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered in

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 06, 2007 08:00 Al Secretary of State **DOCUMENT # P02000123263** 1. Entity Name ST. GEORGE SQUARE, INC. Principal Place of Business Mailing Address **2110 DREW ST** 2110 DREW ST CLEARWATER, FL 33765 CLEARWATER, FL 33765 CR2E034 (11/05) 01142007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0435559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAKRIS, PETER DO NOT WRITE **2110 DREW ST** CLEARWATER, FL 33765 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, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE MAKRIS, PETER NAME U00000693063 04/16/07-80025-003 150.00 STREET ADDRESS **2110 DREW ST** CITY-ST-ZIP CLEARWATER, FL 33765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 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

**FILED** 

Daytime Phone #