

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000135157

1. Entity Name

ST. AUGUSTINE MILLWORKS, INC.



Principal Place of Business

6370 US 1 NORTH
SAINT AUGUSTINE, FL 32095

Mailing Address

13500 SUTTON PARK DRIVE S.
SUITE 703
JACKSONVILLE, FL 32224



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number

30-0134502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILCOX, RALEIGH M
13500 SUTTON PARK DRIVE S.
SUITE 703
JACKSONVILLE, FL 32224

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000210441
02/02/05-80079-012 150.00

10.

OFFICERS AND DIRECTORS

TITLE

P

NAME

JACKSON, JAMES S

STREET ADDRESS

194 BERMUDA PLACE

CITY-ST-ZIP

JACKSONVILLE BEACH, FL 32224

TITLE

V

NAME

PUCKETT, THOMAS B

STREET ADDRESS

6370 US HIGHWAY 1 N

CITY-ST-ZIP

SAINT AUGUSTINE, FL 32095

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

JAMES S. JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05
DATE

(904 827-0882)
Daytime Phone #