

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000103593 1. Entity Name LIGHTHOUSE SANDWICH SHOP OF ST AUGUSTINE, INC.	
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Principal Place of Business 100 SOUTHPARK BLVD SUITE 108 ST AUGUSTINE, FL 32086	Mailing Address 100 SOUTHPARK BLVD SUITE 108 ST AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0238615	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**O'CONNELL, WILLIAM H
2200 N PONCE DE LEON BLVD
SUITE 10
ST AUGUSTINE, FL, 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, THOMAS C PO BOX 4265 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, LINDA L PO BOX 4265 ST AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/06-80005-004 150.00

**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: Thomas C Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06
Date

Daytime Phone #