


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90067 024 ***150.00

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1. Entity Name
ST.GEORGE FINANCIAL CORP.



Principal Place of Business
**927 ARDILLITA CT.
 WINTER SPRINGS, FL 32708**

Mailing Address
**927 ARDILLITA CT.
 WINTER SPRINGS, FL 32708**

40020127



2. Principal Place of Business
4145 HEIRLOOM ROSE PL.

3. Mailing Address
4145 HEIRLOOM ROSE PL.

Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State
0V1E00, FL

City & State
0V1E00, FL

Zip
32766

Country
USA

4. FEI Number
59-3783009

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ST.GEORGE, RONALD A
 927 ARDILLITA CT.
 WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent
 Name **RONALD A ST.GEORGE**
 Street Address (P.O. Box Number is Not Acceptable)
4145 HEIRLOOM ROSE PL
 City **0V1E00** State **FL** Zip Code **32766**

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 *Ronald A. St. George* **RONALD A. ST. GEORGE PRES. 2-12-05**
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, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME ST.GEORGE, RONALD A STREET ADDRESS 927 ARDILLITA CT. CITY-ST-ZIP WINTER SPRINGS, FL 32708	TITLE PRESIDENT	NAME RONALD A ST.GEORGE STREET ADDRESS 4145 HEIRLOOM ROSE PL CITY-ST-ZIP 0V1E00 FL 32766
TITLE VP	NAME ST.GEORGE, LEONORA M STREET ADDRESS 927 ARDILLITA CT. CITY-ST-ZIP WINTER SPRINGS, FL 32708	TITLE VICE PRESIDENT	NAME LEONORA M ST.GEORGE STREET ADDRESS 4145 HEIRLOOM ROSE PL CITY-ST-ZIP 0V1E00 FL 32766
TITLE SEC	NAME ST.GEORGE, BRYAN T STREET ADDRESS 117 KRISTA-ANN COURT CITY-ST-ZIP WINTER SPRINGS, FL 32708	TITLE	NAME
TITLE TREA	NAME ST.GEORGE, BRYAN T STREET ADDRESS 117 KRISTA-ANN COURT CITY-ST-ZIP WINTER SPRINGS, FL 32708	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

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 powers.

SIGNATURE *Ronald A. St. George* **RONALD A. ST. GEORGE PRES. 2-12-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Daytime Phone # **407-354-9794**