

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000014065**

1. Entity Name  
**ST.GEORGE FINANCIAL CORP.**



Principal Place of Business  
**4145 HEIRLOOM ROSE DR  
OVIEDO, FL 32766**

Mailing Address  
**4145 HEIRLOOM ROSE DR  
OVIEDO, FL 32766**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
4145 HEIRLOOM ROSE PL  
OVIEDO, FL 32766**

**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 reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

U000000746741

05/16/07-80081-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
ST.GEORGE, RONALD A  
4145 HEIRLOOM ROSE RD  
OVIEDO, FL 32766**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ST.GEORGE, LEONORA M  
4145 HEIRLOOM ROSE RD  
OVIEDO, FL 32766**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
ST.GEORGE, BRYAN T  
117 KRISTA-ANN COURT  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREA  
ST.GEORGE, BRYAN T  
117 KRISTA-ANN COURT  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 Ronald A. St. George **RONALD A. ST.GEORGE** 4-24-07 321-263-6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #