


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000121000
 1. Entity Name
ST. AUGUSTINE TREATS, INC.



Principal Place of Business Mailing Address
100 SAN MARCO BOULEVARD **610 KINGSLEY AVENUE**
ST. AUGUSTINE FL 32084 **ORANGE PARK FL 32073**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
20-1511929 Not Applicable

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

6. Name and Address of Current Registered Agent
GALLAGHER, NANCY
610 KINGSLEY AVENUE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEESER, SCOTT 610 KINGSLEY AVENUE ORANGE PARK FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000484282 04/12/06-80032-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANG-BUCHANAN, MELISSA 610 KINGSLEY AVENUE ORANGE PARK FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALLAGHER, NANCY 610 KINGSLEY AVENUE ORANGE PARK FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy Gallagher* NANCY GALLAGHER 3/27/06 (904) 264320