

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90044 014 \*\*\*150.00

DOCUMENT # P05000086003

1. Entity Name  
IN THE MAIL OF ST. AUGUSTINE, INC.



40118787



05022007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-3308610 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

O'NEILL, LYNNE D  
540 FLORIDA CLUB BLVD  
#312  
ST AUGUSTINE, FL 32084

*Now  
ADD*

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3501-B North Ponce de Leon Blvd  
#362

City

St. Aug

FL

Zip Code

32084

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	O'NEILL, LYNNE D	
STREET ADDRESS	540 FLORIDA CLUB BLVD #312	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEILL, LYNNE D	
STREET ADDRESS	540 FLORIDA CLUB BLVD #312	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NEW ADDRESS ONLY:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3501-B N. Ponce de Leon Blvd	
CITY-ST-ZIP	#362 St. Aug, FL 32084	
TITLE	NEW ADDRESS ONLY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3501-B North Ponce de Leon	
CITY-ST-ZIP	Blvd #362 St. Aug, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Lynne D O'Neill*

5-24-07

904.315-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

40118787

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2007

IN THE MAIL OF ST. AUGUSTINE, INC.  
C/O WILLIAM J. O'NEIL  
328 MANOR RD  
STATON ISLAND, NY 10314

SUBJECT: IN THE MAIL OF ST. AUGUSTINE, INC.  
Ref. Number: P05000086003

Pursuant to our telephone conversation of May 1, 2007, I am enclosing the annual report you have requested.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor -

Letter Number: 607A00030538

*In accordance w/ my discussion w/ MC.  
Dunlap, encloses is 8158*

*Lynne O'Neil*