

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000157141 1. Entity Name ST. ARMANDS 323, INC.	
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Principal Place of Business 8309 ABINGDON COURT UNIVERSITY PARK, FL 34201	Mailing Address 8309 ABINGDON COURT UNIVERSITY PARK, FL 34201 US
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DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0910813	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GEORGE H. MAZZARANTANI, P.A.
777 SOUTH PALM AVENUE
SUITE 2
SARASOTA, FL 34236

**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.

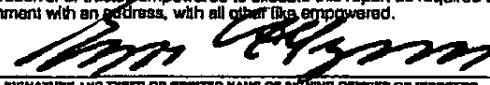
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGNUSSON, EGERT 8309 ABINGDON COURT UNIVERSITY PARK, FL 34201
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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:  02.04.08
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #