

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044547

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: THE AUGUST REALTY GROUP, INC.

## Current Principal Place of Business:

2203 N. LOIS AVE., #937  
TAMPA, FL 336072370 US

## New Principal Place of Business:

2203 N. LOIS AVE.,  
SUITE 937  
TAMPA, FL 336072370 US

## Current Mailing Address:

2203 N. LOIS AVE., #937  
SUITE 203  
TAMPA, FL 336072370 US

## New Mailing Address:

2203 N. LOIS AVE.,  
SUITE 937  
TAMPA, FL 336072370 US

FEI Number: 59-3189090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COFFILL, JOHN  
2203 N. LOIS AVE., #937  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

COFFILL, JOHN  
2203 N. LOIS AVE.  
SUITE 937  
TAMPA, FL 33607 US

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.

SIGNATURE:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COFFILL, JOHN  
Address: 2203 N. LOIS AVE., #937  
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete  
Name: JOHNSON, JOYCE  
Address: 1119 PAM DRIVE  
City-St-Zip: BRANDON, FL 33510

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COFFILL

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date