2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P94000003085

Entity Name: TOUR SAINT AUGUSTINE, INC.

Current Principal Place of Business:

4 GRANADA ST
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 528
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3220499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONCE, JR., CHARLES F
348 ST. GEORGE AVENUE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

PONCE, JR., CHARLES F
25 SYLVAN DRIVE
SAINT AUGUSTINE, FL 32084 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: 03/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRAIG, SANDRA
Address: 1753 SANTANDER ST.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: PONCE, CHARLES F JR.
Address: 348 ST. GEORGE AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T ( ) Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: PONCE, KAREN
Address: 25 SYLVAN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP (X) Change ( ) Addition
Name: PONCE, CHARLES F JR.
Address: 25 SYLVAN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T (X) Change ( ) Addition
Name: PONCE, KAREN
Address: 25 SYLVAN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN PONCE S 03/15/2009
Electronic Signature of Signing Officer or Director — Date