2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 03, 2012
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 US

New Mailing Address:

4 GRANADA ST
ST. AUGUSTINE, FL 32084 US

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

Name and Address of Current Registered Agent:

SHOCKEY, ADAM P
22 COMARES AVENUE
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SHOCKEY, ADAM
4 GRANADA STREET
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: ADAM SHOCKEY 08/03/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHOCKEY, ADAM
Address: 4 GRANADA STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP
Name: CRAIG, SANDRA
Address: 1737 SANTANDER RD.
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: TRES
Name: SHOCKEY, ADAM
Address: 4 GRANADA STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM
Name: CRAIG, SANDRA
Address: 4 GRANADA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: CHM
Name: SHOCKEY, ADAM
Address: 4 GRANADA STREET
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ADAM SHOCKEY PRES 08/03/2012
Electronic Signature of Signing Officer or Director Date