

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000060607		
1. Entity Name ST. AUGUSTINE CAST STONE & ARCHITECTURAL PRECAST, INC.		
Principal Place of Business 4960 CRESCENT TECHNICAL COURT SAINT AUGUSTINE, FL 32086 US		Mailing Address PO BOX 3131 ST AUGUSTINE, FL 32085-3131 US
DO NOT WRITE IN THIS SPACE		

**FILED
Jan 22, 2007 08:00 AM
Secretary of State**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3390636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARCABA, STEVE
STREET ADDRESS 5 OAK RD
CITY-ST-ZIP ST AUGUSTINE, FL 32080

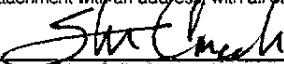
TITLE T
NAME CARCABA, LESLIE
STREET ADDRESS 5 OAK RD
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000594161
01/22/07-80060-024 150.00

**DO NOT WRITE
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

904-794-2626

Date

Daytime Phone #