

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90056 010 \*\*\*150.00

**DOCUMENT # P97000028670**

1. Entity Name  
**ST. GEORGE PUBLISHING AND PRINTING, INC.**



Principal Place of Business      Mailing Address  
 3575 US 1 S.                              3575 US 1 S.  
 ST. AUGUSTINE, FL 32086    US      ST. AUGUSTINE, FL 32086    US

**94037741**



2. Principal Place of Business      3. Mailing Address  
**3290 US 1 South**                      **3290 US 1 South**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

03052004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**St. Augustine FL**                      **St. Augustine, FL**  
 Zip      Country      Zip      Country  
**32086**      **St. Johns**      **32086**      **St. Johns**

4. FEI Number      Applied For  
**59-3433184**                              Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZITSMAN, CHARLES B**  
**3521 KINGS RD S**  
**ST AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHARLES ZITSMAN</b> <b>3521 KINGS RD. S.</b> <b>ST. AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RICHARD L. DAUPHANIS</b> <b>225 KINGSTON DR.</b> <b>ST. AUGUSTINE, FL 32095</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Jane A. Andrews</b> <b>107 Shamrock Road</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles B. Zitsman      Date: 3/26/04      Daytime Phone #: 904-794-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR