

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90056 010 ***150.00

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



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

Mailing Address
3575 US 1 S.
ST. AUGUSTINE, FL 32086 US

94037741



2. Principal Place of Business
3290 US 1 South
Suite, Apt. #, etc.

3. Mailing Address
3290 US 1 South
Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State
St. Augustine, FL

Zip
32086

Country
St. Johns

Zip
32086

Country
St. Johns

03052004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3433184

Applied For
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **P** ☐ Delete
NAME **CHARLES ZITSMAN**
STREET ADDRESS **3521 KINGS RD. S.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **VP** ☒ Delete
NAME **RICHARD L. DAUPHANIS**
STREET ADDRESS **225 KINGSTON DR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32095**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Jane A. Andrews**
STREET ADDRESS **107 Shamrock Road**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Charles B. Zitsman** 3/26/04 904-794-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #