


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90221 039 ***150.00

DOCUMENT # P97000028670

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



14006662

Principal Place of Business Mailing Address
3290 US 1 SOUTH **3290 US 1 SOUTH**
ST. AUGUSTINE, FL 32086 US **ST. AUGUSTINE, FL 32086 US**



2. Principal Place of Business 3. Mailing Address
2820 US 1 Sd **2820 US 1 Sd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03282005 Chg-P CR2E034 (10/03)

City & State City & State
St Augustine FL **St Augustine FL**
 Zip Country Zip Country
32086 **USA** **32086** **USA**

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	CHARLES ZITSMAN	
STREET ADDRESS	3521 KINGS RD. S.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREWS, JANE A	
STREET ADDRESS	107 SHAMROCK ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Zitsman 4/26/05 904-794-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #