

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 020 ***150.00

DOCUMENT # P97000028670

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



Principal Place of Business Mailing Address
2820 US 1 SOUTH 2820 US 1 SOUTH
ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32086 US

4002100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1835 U.S. Hwy. 1, South 1835 U.S. Hwy. 1, South
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 119-303 Suite 119-303
City & State City & State
St. Augustine, FL St. Augustine, FL
Zip Country Zip Country
32084 32084

02272008 Chg-P CR2E034 (12/06)

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 7. Name and Address of New Registered Agent
ZITSMAN, CHARLES B Name
3521 KINGS RD S Street Address (P.O. Box Number is Not Acceptable)
ST AUGUSTINE, FL 32086
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, 2008 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLES ZITSMAN		NAME		
STREET ADDRESS	3521 KINGS RD. S.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, JANE A		NAME		
STREET ADDRESS	107 SHAMROCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jane A. Andrews 3/13/08 904-794-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #