2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AR	<u> </u>	Feb 03, 2006	08.00 AM
DOCU 1. Entity Nam	MENT # P97000054:	204	49 3	Secretary	
NORTHG	ATE OF ST. AUGUSTINE,	INC.			
Principal Place of Business		Mailing Address			
36 MIRUELA AVENUE		36 MIRUELA AVENUE			
SI AUGUSI	INE FL 32080-3817	ST AUGUSTINE FL 32	080-3817		
2. Principal Place of Business		3. Mailing Address			erite minorio primiti matere describare en entre
Suite, Apt. #, etc.		Suite, Apt. #, etc.		tst MOORE CR2E0	34 (10/05)
City & State		City & State		4. FEI Number 59-3453323	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registere	d Agent
COLD, KATHLEEN H ONE INDEPENDENT DRIVE SUITE 2301		-	Street Address	s (P.O. Box Number is Not Acceptable)	
JAC	KSONVILLE FL 32202		City		Zip Code
the obligat	lions of registered agent.	for the purpose of changing its	registered affice at regist	tered agent, or both, in the State of Florida. 1 a	-
SIGNATURE.	Signature, typed at printed matter of registered ago	an and the happleable (NOTE	Registerea Agant signature requi	red when revisiawy) DA11	<u> </u>
After	ILE NOW]]] FEE IS \$150.00 May 1, 2006 Fee Will Be \$550. Payable to Florida Department	of State		9. Election Campaign Fina Trust Fund Contribution.	
10.		D DIRECTORS	11.	ADUITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	<u> </u>	☐ Change ☐ Addring
NAME	JOHNS, CHARLOTTE B	-	NAME	900000419737 02/15/06-8001 8- 0	
STREET ADDRESS CATY-ST-ZIP	36 MIRUELA AVENUE ST. AUGUSTINE FL 32084	_	STHELL ADORESS CITY-ST-ZIP	<i>02/15/06-30018-0</i>	21 150.00
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NAME			NAME		
STREET ADDRESS GITY-ST-21P			STREET ADDRESS		
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NAM		<u> </u>	NAME		Chounte Elvi
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NAME STREET AUDRESS			NAME STREET ADDRESS		
GITY-SI-ZIP			City-ST-ZiP		
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 priner like empowered.

Charlotte B. Johns

SIGNATURE.

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