


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000065689
 1. Entity Name
 PIPELINES OF ST AUGUSTINE, INC.



Principal Place of Business 5384 3RD STREET ST. AUGUSTINE, FL 32080	Mailing Address P.O. BOX 4039 SAINT AUGUSTINE, FL 32085-4039
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DO NOT WRITE IN THIS SPACE



08042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3538368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROMINE, TERESA GAYLE
 5384 THIRD STREET
 SAINT AUGUSTINE, FL 32084

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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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT ROMINE, TERESA GAIL 5384 3RD ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESS, CANDACE GAIL R 115 EAGLE DR. SPRINGFIELD, GA 31329
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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 fee empowered.

SIGNATURE: Teresa Gayle Romine 9-6-05 904-471-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Did not receive 1st invoice, only late invoice.