

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095006

FILED
Mar 31, 2009
Secretary of State

Entity Name: GHOST TOURS OF ST. AUGUSTINE, FLORIDA, INC.

Current Principal Place of Business:

4 GRANADA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 528
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3551888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, SANDRA
1753 SANTANDER ST.
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

CRAIG, SANDRA
1737 SANTANDER ST.
ST AUGUSTINE, FL 32080 US

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.

SIGNATURE:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAIG, SANDRA
Address: 1753 SANTANDER ST.
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Delete
Name: PONCE, CHARLES F
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S () Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAIG, SANDRA
Address: 1737 SANTANDER STREET
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: PONCE, KIMBER
Address: 2645 CR 13A S J
City-St-Zip: ELKTON, FL 32033

Title: S (X) Change () Addition
Name: PONCE, BRADLEY
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: PONCE, BRADLEY
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA CRAIG

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date