2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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

Current Principal Place of Business:

2 SAINT GEORGE STREET
UNIT 101
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
1737 SANTANDER ST.
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CRAIG, SANDRA
Address: 1737 SANTANDER STREET
City-St-Zip: ST AUGUSTINE, FL 32080

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

Title: S
Name: PONCE, WHITNEY
Address: 2645 CR 13A SJ
City-St-Zip: ELKTON, FL 32033

Title: T
Name: PONCE, BRADLEY
Address: 111 NEPTUNE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: KIMBER PONCE VP 04/25/2011

Electronic Signature of Signing Officer or Director Date