## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000095006

FILED Mar 14, 2012 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 2 SAINT GEORGE STREET **UNIT 101** ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** P.O. BOX 528 ST AUGUSTINE, FL 32085 US FEI Number: 59-3551888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** CRAIG, SANDRA

Title:

Name:

1737 SANTANDER STREET Address: City-St-Zip: ST AUGUSTINE, FL 32080

Title: VΡ

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

Title:

FISCHER, WHITNEY Name: 5300 CHOCTAW STREET Address: City-St-Zip: ST AUGUSTINE, FL 32092

Title:

PONCE, BRADLEY Name: 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.

VΡ SIGNATURE: KIMBER PONCE 03/14/2012