

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90029 041 ***150.00

DOCUMENT # **P99000064368**

Entity Name

THE AUGUSTINE GROUP INC



Principal Place of Business

Mailing Address

8214 NW 75TH AVENUE
TAMARAC, FLORIDA 33321 **SAME**

01010110



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0944378

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOAN AUGUSTINE
8214 NW 75TH AVENUE
TAMARAC, FL 33321

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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

Joan Augustine

2-24-04

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$530.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/SECTY/TREAS** ☐ Delete

NAME **JOAN AUGUSTINE**
STREET ADDRESS **8214 NW 75TH AVENUE**
CITY-STATE-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

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CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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. I am an officer or director of the corporation, a trustee or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 10 or B box 11 of changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

Joan Augustine

PRESIDENT

2-24-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Month/Year