## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# S84036

FILED Apr 16, 2005 Secretary of State

Entity Name: PONCE LANDING OF ST. AUGUSTINE BEACH RENTAL COMPANY, INC.

Current Principal Place of Business:				New Principal Place of Business:		
826 A1A BCH., BLVD. #41 ST AUGUSTINE BEACH, FL 32080 US						
Current Mailing Address:				New Mailing Address:		
826 A1A BCH. BLVD #41 ST. AUGUSTINE BEACH, FL 32080 US						
FEI Number:	59-3085210	FEI Number A	pplied For() FEI Nu	mber Not Appli	olicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
JONES, KATHERINE G 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 320853007 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:						
	Electroni	c Signature of	f Registered Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPD () HUDOLIN, HERE 16200 LAIRD HA NORTHVILLE, M	VEN WAY		Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition LEWIS, EDMUND 826 A1A BEACH BLVD #13 ST AUGUSTINE, FL 32080	
Title: Name: Address: City-St-Zip:	BD () MITCHELL, MICH 826 A1A BEACH ST. AUGUSTINE	BLVD. #41		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () I WILLIAMS, DON 686 CANNON DE ROCK HILL, SC	RIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () BOECHLER, GE 826 AIA BEACH ST AUGUSTINE,	BLVD, #43		Title: Name: Address: City-St-Zip:	PSD (X) Change ( ) Addition BOECHLER, GERALD 826 AIA BEACH BLVD, #43 ST AUGUSTINE, FL 32080	
Title: Name: Address: City-St-Zip:	PD () STEINHAUSER, 826 AIA BEACH SAINT AUGUSTII	BLVD 36		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SAMPLE, FRANK 321 CHATTOLANEE HILL ROAD OWINGS MILLS, MD 21117	
Title: Name: Address: City-St-Zip:	D () PIZZI, SUSAN 12 JUSTIN COUI VORMEES, NJ (			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MITCHELL BD 04/16/2005