


**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90028 014 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                              |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # S95428</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                             |                                                                                                                                               |
| 1. Entity Name<br><b>ST. GEORGE PROPERTIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                                                                                              |                                                                                                                                               |
| Principal Place of Business<br><b>5323 PIMLICO DR.<br/>TALLAHASSEE, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | Mailing Address<br><b>551 MADISON AVE.<br/>3RD FLOOR<br/>NEW YORK, NY 10022</b>                              |                                                                                                                                               |
| 2. Principal Place of Business<br><b>40 Blackstock</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | 3. Mailing Address<br><b>40 Blackstock</b>                                                                   |                                                                                                                                               |
| Subs. Apt. #, etc.<br><b>404 FARLAMM DR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | Subs. Apt. #, etc.<br><b>404 FARLAMM DR</b>                                                                  |                                                                                                                                               |
| City & State<br><b>STOCKBRIDGE, GA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | City & State<br><b>STOCKBRIDGE, GA</b>                                                                       |                                                                                                                                               |
| Zip<br><b>30281</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | County<br><b>US</b>                                                                                     | Zip<br><b>30281</b>                                                                                          | County<br><b>US</b>                                                                                                                           |
| 4. FEI Number<br><b>13-3836521</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                       |                                                                                                                                               |
| 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                              |                                                                                                                                               |
| 8. Name and Address of Current Registered Agent<br><b>NRAI SERVICES, INC.<br/>526 EAST PARK AVE.<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | 7. Name and Address of New Registered Agent                                                                  |                                                                                                                                               |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | Street Address (P.O. Box Number is 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when releasing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                              |                                                                                                                                               |
| FILE NOW!!! FEE IS \$160.00<br>After May 1, 2004 Fee will be \$350.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                        |                                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DP<br>BLACKSTOCK, JOANN<br>551 MADISON AVE.<br>NEW YORK, NY <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | P<br>BLACKSTOCK JOANN<br>404 FARLAMM DR<br>STOCKBRIDGE, GA 30281 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S<br>CHARRON, ANGELA M<br>551 MADISON AVE.<br>NEW YORK, NY <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AS<br>BERNSTEIN, RICHARD K<br>551 MADISON AVE 3RD FLOOR<br>NEW YORK, NY <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                         |                                                                                                              |                                                                                                                                               |
| SIGNATURE: <b>JOANN BLACKSTOCK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | DATE: <b>1/16/04</b>                                                                                         |                                                                                                                                               |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         | <small>DATE</small>                                                                                          |                                                                                                                                               |

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