


**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**



<b>DOCUMENT # V14547</b>						<b>Secretary of State</b>	
1. Entity Name ST. GEORGE TAVERN, INCORPORATED				02-23-2006 90005 016 ***150.00			
Principal Place of Business 116 ST. GEORGE ST. ST. AUGUSTINE, FL 32084				Mailing Address 116 ST. GEORGE ST. ST. AUGUSTINE, FL 32084			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PATRICK, WHELAN 220 ESTRADA STREET SAINT AUGUSTINE, FL 32095				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			
				32084			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____							