## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** DOCUMENT #V14547 02-23-2006 90005 016 \*\*\*150.00 1. Entity Name ST. GEORGE TAVERN, INCORPORATED Principal Place of Business -Mailing Address 116 ST. GEORGE ST. 116 ST. GEORGE ST. ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 06-1345175 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATRICK, WHELAN Street Address (P.O. Box Number is Not Acceptable) 220 ESTRADA STREET SAINT AUGUSTINE, FL 32095 City 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\_ Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing LE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VPD ☐ Defete TITLE TITLE WHELAN, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 220 ESTRADA ST. 320 <del>धर</del>ी ST. AUGUSTINE, FL 32095-CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete DOWNEY, KEVIN NAME NAME 1002 ARAGON AVE. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE, FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. .-CITY-ST-ZIP 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 effect like empowered.

FILED Feb 23, 2006 8:00 am