

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/ **FILED**
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90345 036 ***150.00

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1. Entity Name
HISTORIC ST. GEORGE STREET PROPERTIES, INC.



Principal Place of Business
**3670 US 1 SOUTH
290
SAINT AUGUSTINE, FL 32086 US**

Mailing Address
**3670 US 1 SOUTH
290
SAINT AUGUSTINE, FL 32086 US**

66016404



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3116246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BINNINGER, STEVEN P
305 A1A BEACH BLVD
ST AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BINNINGER, STEVEN P.
STREET ADDRESS	305 A1A BEACH BLVD
CITY - ST - ZIP	ST AUGUSTINE, FL
TITLE	V
NAME	FLOYD, UEL D
STREET ADDRESS	312 ST JOHNS AVE
CITY - ST - ZIP	PALATKA, FL 32178
TITLE	ST
NAME	FRASER, JOHN W
STREET ADDRESS	648 FRANCES AVE.
CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
TITLE	V
NAME	KNAPP, DAVID
STREET ADDRESS	6185 WEATHERLY DR. NW
CITY - ST - ZIP	ATLANTA, GA 30328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-06

Date

904377-9999

Daytime Phone #