



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V67799</b> 1. Entity Name ST. ANDREWS PARK PLACE, INC.			
Principal Place of Business 104 ROCK BRIDGE ROAD DOTHAN, AL 36303		Mailing Address 104 ROCK BRIDGE ROAD DOTHAN, AL 36303	
<b>DO NOT WRITE IN THIS SPACE</b>			
		06302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 63-1101631 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MACLIN, HR., HENRY W 200 GULF SHORE DRIVE DESTIN, FL 32541		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u>David Parsons</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U00000164465 07/08/04-80009-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PARSONS, DAVID 104 ROCK BRIDGE ROAD DOTHAN, AL 36303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MALUGEN, JOE T 1507 OSCEOLA STREET DOTHAN, AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILSON, STEVIE 3121 ROSS CLARK CIRCLE, SUITE 1 DOTHAN, AL 36303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, GEORGE 3121 ROSS CLARK CIRCLE, SUITE 1 DOTHAN, AL 36303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 fees empowered.			
SIGNATURE: <u>David Parsons</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-504 Date Daytime Phone #	