

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V67799

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**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1101631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACLIN, HR., HENRY W
200 GULF SHORE DRIVE
DESTIN, FL 32541**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000261248
03/14/05-80002-017 150.00**

10. OFFICERS AND DIRECTORS

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	

**DO NOT WRITE
IN THIS SPACE**

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 files empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22205 334-793-3122