


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M88679</b> 1. Entity Name ST. AUGUSTINE INDUSTRIAL PARK, INC.		
Principal Place of Business 2215 SOUTH THIRD ST. SUITE 201 JACKSONVILLE BEACH, FL 32250	Mailing Address 2215 SOUTH THIRD ST. SUITE 201 JACKSONVILLE BEACH, FL 32250	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  AHERN, FRED L., JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH, FL 32250		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH., FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT WALCHLE, DAVID L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH., FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S AHERN, JR. F 2215 S. THIRD ST. #101 JACKSONVILLE BCH, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/31/05</b> <b>904-241-4355</b> <small>Date Daytime Phone #</small>



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2906728

Applied For  
Not Applicable

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

U00000288672  
04/05/05-80018-021 150.00