

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90461 034 \*\*\*150.00

**DOCUMENT # P03000138472**  
 1. Entity Name  
**ST. JOHNS INSURANCE COMPANY, INC.**



Principal Place of Business: **5950 HAZELTINE NATIONAL DR. ORLANDO FL 32822**  
 Mailing Address: **5950 HAZELTINE NATIONAL DR. ORLANDO FL 32822**

2. Principal Place of Business: **6675 WESTWOOD BLVD**  
 Suite, Apt. #, etc.: **WESTWOOD CENTER 3 STE 360**  
 City & State: **ORLANDO FLORIDA**  
 Zip: **32821** Country:

3. Mailing Address: **6675 WESTWOOD BLVD**  
 Suite, Apt. #, etc.: **WESTWOOD CENTER 3 STE 360**  
 City & State: **ORLANDO FLORIDA**  
 Zip: **32821** Country:



1st MOORE CR2E034 (10/04)

4. FEI Number: **43-2035217** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent:  
**CHIEF FINANCIAL OFFICER**  
**PO BOX 6200 32314-6200**  
**200 E. GAINES ST.**  
**TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent:  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOAGLAND, MICHAEL G	
STREET ADDRESS	8354 VIA ROSA	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FALZARANO, EDWARD	
STREET ADDRESS	14 TEMPE WICK RD.	
CITY-ST-ZIP	MENDHAM, MORIS NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWEN, REESE I	
STREET ADDRESS	5 SILVERBROOK RD.	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAILL, JAMES J	
STREET ADDRESS	12 MOON SHADOW CT.	
CITY-ST-ZIP	KINNELON NJ 07404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCHATTIE, CHRISTOPHER J	
STREET ADDRESS	46 CHERRY LANE	
CITY-ST-ZIP	KINNELON NJ 07405	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULBERTSON, MICHAEL A	
STREET ADDRESS	4624 SYLVAN DR.	
CITY-ST-ZIP	COLUMBIA SC 29206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES J. MCCAILL	
STREET ADDRESS	6675 WESTWOOD BLVD	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:  **Treasurer** 4/21/05 973-335-3333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #