

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138472

FILED
Mar 23, 2006
Secretary of State

Entity Name: ST. JOHNS INSURANCE COMPANY, INC.

Current Principal Place of Business:

6675 WESTWOOD BLVD
WESTWOOD CENTERS, SUITE 360
ORLANDO, FL 32821

New Principal Place of Business:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

Current Mailing Address:

6675 WESTWOOD BLVD
WESTWOOD CENTERS, SUITE 360
ORLANDO, FL 32821

New Mailing Address:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

FEI Number: 43-2035217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCANIEL, JAMES J
Address: 6675 WESTWOOD BLVD
City-St-Zip: ORLANDO, FL 32821

Title: ST () Delete
Name: FALZARANO, EDWARD
Address: 14 TEMPE WICK RD.
City-St-Zip: MENDHAM, MORIS, NJ

Title: VD () Delete
Name: BOWEN, REESE I
Address: 5 SILVERBROOK RD.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D () Delete
Name: MCCAILL, JAMES J
Address: 12 MOON SHADOW CT.
City-St-Zip: KINNELON, NJ 07404

Title: D () Delete
Name: MCHATTIE, CHRISTOPHER J
Address: 46 CHERRY LANE
City-St-Zip: KINNELON, NJ 07405

Title: D () Delete
Name: CULBERTSON, MICHAEL A
Address: 4624 SYLVAN DR.
City-St-Zip: COLUMBIA, SC 29206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCAILL, JAMES J
Address: 6675 WESTWOOD BLVD, SUITE 360
City-St-Zip: ORLANDO, FL 32821

Title: ST (X) Change () Addition
Name: FALZARANO, EDWARD D
Address: 3431 FERNLAKE PL
City-St-Zip: LONGWOOD, FL 32779

Title: VD (X) Change () Addition
Name: BOWEN, REESE I
Address: 10 SUMMERLIN AVE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: LUCAS, ROBERT P
Address: 6258 BLAKEFORD DR
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD D FALZARANO

S

03/23/2006

Electronic Signature of Signing Officer or Director

_____ Date