

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086723

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SAINT JOHN PARTNERSHIP, INC

**Current Principal Place of Business:**

17 BALLENGER LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

17 BALLENGER LANE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 20-3030311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILANES, JUANY  
17 BALLENGER LANE  
PALM COAST, FL 32137 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILANES, JUANY  
Address: 17 BALLENGER LANE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: CORREA, JOSE LUIS  
Address: 17 BALLENGER LANE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: CORREA, PATRICIA C  
Address: 17 BALLENGER LANE  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: JOSE LUIS CORREA

DIRE

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date