


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90265 004 ***150.00

DOCUMENT # 276638	
1. Entity Name ST JOHNS MARINE INC	

Principal Place of Business US HWY 17 SOUTH EAST PALATKA, FL 32131 US	Mailing Address P.O. BOX 415 EAST PALATKA, FL 32131
---	---

20041047

2. Principal Place of Business 246 HIGHWAY 17 SOUTH	3. Mailing Address 246 HIGHWAY 17 SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

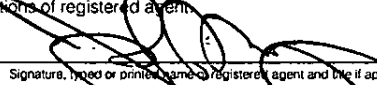
City & State EAST PALATKA, FL	City & State EAST PALATKA, FL
Zip 32131	Country PUTNAM
Country PUTNAM	Zip 32131

4. FEI Number 59-1026338	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BROWNING, JOHN P. JR. 119 BROWNING LANE EAST PALATKA, FL 32131

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 	DATE 4-04-05

FILE NOW!!! FEE IS \$450.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, JOHN P., JR. 38 BROWNING LANE EAST PALATKA, FL 32131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWNING, J.P. P O BOX 415 EAST PALATKA, FL 32131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, JOHN P., JR. 119 BROWNING LANE EAST PALATKA, FL 32131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANE W. BROWNING 8257 118TH AVENUE NORTH LARGO, FL 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4-04-05	DAYTIME PHONE # 386-328-1121
---	-----------------	---------------------------------