


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90083 043 \*\*\*150.00

<b>DOCUMENT # 521515</b> 1. Entity Name ST. JOHNS BAR PILOTS, INC.	
--	---

Principal Place of Business 4910 OCEAN STREET MAYPORT, FL 32233	Mailing Address 4910 OCEAN STREET MAYPORT, FL 32233
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BROWN, JOSEPH J  
 4910 OCEAN DR  
 MAYPORT, FL 32233

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRYSON, ERIC C	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINEGEART, JP	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, BARRIE R	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES P	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUER, WILLIAM M	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL 32233	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, J J	
STREET ADDRESS	4910 OCEAN ST	
CITY-ST-ZIP	MAYPORT, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald E. Dull	
STREET ADDRESS	4910 Ocean St.	
CITY-ST-ZIP	Mayport, FL. 32233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John F. Teems	
STREET ADDRESS	4910 Ocean St.	
CITY-ST-ZIP	Mayport, FL. 32233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H. Atchison	
STREET ADDRESS	4910 Ocean St.	
CITY-ST-ZIP	Mayport, FL. 32233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott W. O'Connor	
STREET ADDRESS	4910 Ocean Street	
CITY-ST-ZIP	Mayport, FL. 32233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph C. Heath	
STREET ADDRESS	4910 Ocean Street	
CITY-ST-ZIP	Mayport, FL. 32233	
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:  **3-26-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #