


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 013 \*\*\*150.00

DOCUMENT # 521515 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
---	---

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1939439	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  
 ATCHISON, JOHN H  
 4910 OCEAN ST  
 MAYPORT, FL 32233

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYSON, ERIC C 4910 OCEAN ST MAYPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEGEART, JAMES P 4910 OCEAN ST MAYPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGILL, TIMOTHY J 4910 OCEAN ST MAYPORT, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES P 4910 OCEAN ST MAYPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUER, WILLIAM M 4910 OCEAN ST MAYPORT, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATCHISON, JOHN H 4910 OCEAN ST MAYPORT, FL 32233

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John Atchison President* Date: 4/28/08 Daytime Phone #: 904/249-5631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**

40089514

**DOCUMENT #521515  
ST. JOHNS BAR PILOTS, INC.**

**10 OFFICERS AND DIRECTORS CON'T**

Title D  
Name RONALD E. DULL  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233

Title D  
Name JOHN F. TEEMS  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233

Title D  
Name JOSEPH J. BROWN  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233

Title D  
Name SCOTT W. O'CONNOR  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233

Title D  
Name BARRIE R. SNYDER, JR.  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233

Title D  
Name JOSEPH C. HEATH  
Street Address 4910 OCEAN STREET  
City-ST-Zip ATLANTIC BEACH, FL. 32233