2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #726192

FILED May 06, 2004 8:00 am Secretary of State 05-06-2004 90167 014 ****61.25

1. Entity Name ST. JOHNS ESTATES, INC.					1									
C/O HOLLIS BRAZIER 2323 Brazier Pt			C/O H 2323	Mailing Address C/O HOLLIS BRAZIER 2323 BRAZIER PT GENEVA, FL 32732			. 54053037							
2. Principal Pl	RICHARI			ng Address RICHAR	o H	MA	لدسر							
Suite, Apt. 2600	#, etc.		26	te, Apt. #, etc.	40	LN		04202004	Chg-N	IP ———	CR2E	037 (10/0	<u>,</u>	
City & State	VA F	L	6E	NEV4	FL			4. FEI Numbe		59-1	7408	00	+	lied For Applicable
3273	<u></u>	Country A		732		intry 15A	= *# = =	5. Certificate		-		\$8.75 Fee Req		
	6. Name	and Address of Curre	nt Registered	d Agent				7. Name and	Address	of New F	Registered	Agent		
BRAZIER, 2323 BRAZ						Name Street A		CHAKA P.O. Box Number	er is Not A	MAN.				
GENEVA,						<u> </u>	260	O SHA	10 2	LANE	-			
						City		NEVA			F	L Zip	Code	3 2
	named entity tions of registe	submits this statement ered agent.	for the purpo	_			_	ed agent, or bo	th, in the S	State of FI	orida. Lar	n familiar v	vith, a	nd accept
SIGNATURE	lul	Ullh	·	CICHARO	H	MY JAM	W				420	-04		
	Signature, typed o	or printed name of registered age	ent and title II appli	icable. (NC	TE: Registere	d Agent signati	ure required	when reinstating)			DATE	•		_
	Filing Fee	or printed name of registered age B is \$61.25 By 1, 2004	ent and title II appli	9. Efection C Trust Fund	ampaign F	inancing	ure required	\$5.00 May B Added to Fees			lake che rida Dep	ck payab artment c	le to	
16.	Filing Fee	e is \$61.25 ay 1, 2004		9. Election C	ampaign F	inancing		\$5.00 May B		Flo	lake che rida Dep	ck payab artment c	le to	ite .
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIGHMED H MANN

4-20-04