


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 014 ****61.25

DOCUMENT # 726192

1. Entity Name
ST. JOHNS ESTATES, INC.



Principal Place of Business
C/O HOLLIS BRAZIER
2323 BRAZIER PT
GENEVA, FL 32732

Mailing Address
C/O HOLLIS BRAZIER
2323 BRAZIER PT
GENEVA, FL 32732

54053037



2. Principal Place of Business
C/O RICHARD H MANN

3. Mailing Address
C/O RICHARD H MANN

Suite, Apt. #, etc.
2600 SHAD LN

Suite, Apt. #, etc.
2600 SHAD LN

04202004 Chg-NP CR2E037 (10/03)

City & State
GENEVA FL

City & State
GENEVA FL

Zip
32732

Country
USA

Zip
32732

Country
USA

4. FEI Number
~~XXXXXXXXXX~~ **59-1740800**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRAZIER, HOLLIS
2323 BRAZIER DR
GENEVA, FL 32732

7. Name and Address of New Registered Agent

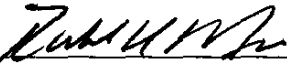
Name
RICHARD H MANN

Street Address (P.O. Box Number is Not Acceptable)
2600 SHAD LANE

City
GENEVA

FL Zip Code
32732

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:  **RICHARD H MANN** **4-20-04**

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, GEORGE 2616 SHAD LANE GENEVA, FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAZIER, HOLLIS 2323 BRAZIER PT GENEVA, FL 32732	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP BRAZIER, HOLLIS 2323 BRAZIER PT GENEVA, FL 32732	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAZIER, HOLLIS 2323 BRAZIER PT GENEVA, FL 32732	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/SECTY RICHARD H. MANN 2600 SHAD LN GENEVA FL 32732	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES GLENN BRAZIER 2323 BRAZIER PT GENEVA, FL 32732	<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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RICHARD H MANN** **4-20-04** **407 322 4854**

Signature and typed or printed name of signing officer or director Date Daytime Phone #