


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 726192  
 1. Entity Name  
 ST. JOHNS ESTATES, INC.



Principal Place of Business      Mailing Address  
 C/O RICHARD H MANN      C/O RICHARD H MANN  
 2600 SHAD LN      2600 SHAD LN  
 GENEVA, FL 32732 US      GENEVA, FL 32732 US



**DO NOT WRITE IN THIS SPACE**

04072005 No Chg-NP      CR2E037 (10/03)  
 4. FEI Number      Applied For  
 59-1740800      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MANN, RICHARD H  
 2600 SHAD LANE  
 GENEVA, FL 32732

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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)

Filing Fee is \$61.25 Due by May 1, 2005      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	PD WALLACE, GEORGE 2616 SHAD LANE GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MANN, RICHARD H 2600 SHAD LN GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAZIER, GLENN 2323 BRAZIER PT GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000341123  
 04/29/05-80003-005 61.25  
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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)(f), 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      Date: 4.26.05      Daytime Phone #: 407 322 4254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR