


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726192</b> 1. Entity Name ST. JOHNS ESTATES, INC.	
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Principal Place of Business C/O RICHARD H MANN 2600 SHAD LN GENEVA, FL 32732 US	Mailing Address C/O RICHARD H MANN 2600 SHAD LN GENEVA, FL 32732 US
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1740800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, RICHARD H  
2600 SHAD LANE  
GENEVA, FL 32732

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000925095  
05/20/08-80012-012 61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 **Richard H Mann TREAS** 4-24-08 407 322 4854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #