

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 034 ***150.00

DOCUMENT # F03000004198



1. Entity Name

ST JOHNS FINANCIAL HOLDING COMPANY, INC.

Principal Place of Business

5950 HAZELTINE NATIONAL DRIVE
ORLANDO FL 32822

Mailing Address

5950 HAZELTINE NATIONAL DRIVE
ORLANDO FL 32822

2. Principal Place of Business

6675 WESTWOOD BLVD
Suite, Apt. #, etc.
WESTWOOD CENTER 3 STE 310

3. Mailing Address

6675 WESTWOOD BLVD
Suite, Apt. #, etc.
WESTWOOD CENTER 3 STE 310

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32821

Country

Zip

32821

Country

4. FEI Number

20-0161748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARLINSKY, FRED E
2000 W. COMMERCIAL BLVD., SUITE 232
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	MCCAILL, JAMES J	
STREET ADDRESS	12 MOON SHADOW COURT	
CITY - ST - ZIP	KINNELON NJ 07405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCHATTIE, CHRISTOPHER J	
STREET ADDRESS	46 CHERRY LANE	
CITY - ST - ZIP	KINNELTON NJ 07405	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, ROBERT P	
STREET ADDRESS	4 BEECHWOOD DRIVE	
CITY - ST - ZIP	CONVENT STATION NJ 07961	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, REESE I	
STREET ADDRESS	5 SILVERBROOK ROAD	
CITY - ST - ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULBERTSON, MICHAEL A	
STREET ADDRESS	4624 SYLVAN DRIVE	
CITY - ST - ZIP	COLUMBIA SC 29206	
TITLE	T	<input type="checkbox"/> Delete
NAME	FALZARANO, ED	
STREET ADDRESS	1700 RT. 3 WEST	
CITY - ST - ZIP	CLIFTON NJ 07013	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/05 973-335-3333