2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90042 016 ***150.00

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1. Entity Name
ST. JOHNS SERVICE COMPANY

Principal Place of Business	Mailing Address
200 N LAURA ST. 10TH FLOOR P O BOX 52506 JACKSONVILLE, FL 32201-9506	200 N LAURA ST. 10TH FLOOR P O BOX 52506 JACKSONVILLE, FL 32201-9506

2. Principal Place of Business	3. Mailing Address
135 Professional Drive	135 Professional Drive
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32082 Country	Zip 32082 Country

03222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2188041 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUSS, JOHN S., IV 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EADIE, ANN 200 N LAURA ST 10 FLOOR JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Eadie, Ann 135 Professional Drive, Suite 104 Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCRAE, WALTER A 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEIN, ROBERT 121 ATLANTIC PLACE #200 JACKSONVILLE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WHITMIRE, G.W., JR. 200 N.LAURA ST.,#10 FL. JACKSONVILLE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Whitmire, G.W. Jr. 135 Professional Drive, Suite 104 Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTA GRAHAM, HENRY H., JR. 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITMIRE, G W 4909 ARAPAHOE AVE JACKSONVILLE, FL 00000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: _____ 904.285.6112 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #