


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 035 ***150.00

DOCUMENT # F78817	
1. Entity Name ST. JOHNS SERVICE COMPANY	

Principal Place of Business 135 PROFESSIONAL DRIVE SUITE 104 PONTE VEDRA BEACH, FL 32082	Mailing Address 135 PROFESSIONAL DRIVE SUITE 104 PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business 2520 Isabella Boulevard	3. Mailing Address 2520 Isabella Boulevard
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Suite, Apt. #, etc. Suite 10	Suite, Apt. #, etc. Suite 10
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City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
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Zip 32250	Country Duval	Zip 32250	Country Duval
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03172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2188041	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUSS, JOHN S., IV 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EADIE, ANN 135 PROFESSIONAL DRIVE, SUITE 104 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2520 Isabella Boulevard, Suite 104 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, WALTER A 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, ROBERT 121 ATLANTIC PLACE #200 JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITMIRE, G.W., JR. 1354 PROFESSIONAL DRIVE, SUITE 104 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2520 Isabella Boulevard, Suite 104 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTA GRAHAM, HENRY H., JR. 1725 MEMORIAL PARK DRIVE JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMIRE, G W 4909 ARAPAHOE AVE JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	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 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 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:  **03.30.06** 904.270.2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #