

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78817

FILED
Feb 05, 2009
Secretary of State

Entity Name: ST. JOHNS SERVICE COMPANY

Current Principal Place of Business:

2520 ISABELLA BLVD.
SUITE 10
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

2520 ISABELLA BLVD.
SUITE 10
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-2188041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSS, JOHN S., IV
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WHITMIRE, G.W. JR.
Address: 2520 ISABELLA BOULEVARD, STE. 10
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: MCRAE, WALTER A.
Address: 1725 MEMORIAL PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 00000,

Title: VD (X) Delete
Name: STEIN, ROBERT,
Address: ONE INDEPENDENT DRIVE, SUITE 3120
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP (X) Delete
Name: WHITMIRE, G.W., JR.,
Address: 2520 ISABELLA BLVD., STE 10
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VTA (X) Delete
Name: GRAHAM, HENRY H., JR.,
Address: 1725 MEMORIAL PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 00000,

Title: D (X) Delete
Name: WHITMIRE, G W,
Address: 4909 ARAPAHOE AVE
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDP (X) Change () Addition
Name: WHITMIRE, G.W. JR.
Address: 2520 ISABELLA BOULEVARD, STE. 10
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VTAD (X) Change () Addition
Name: STEIN, ROBERT,
Address: ONE INDEPENDENT DRIVE, SUITE 3120
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. W. WHITMIRE, JR.

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date