2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # G07986 1. Entity Name ST. JOHNS HARBOUR, INC.						04-19-2004	1 907 3 8 ()22 ***1:	50.00	
Principal Place of Business Mailing Address 3797 NEW GETWELL RD MEMPHIS, TN 38118 US MEMPHIS, TN 38118		D US								
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004	Chg-P	CR2E03	34 (10/03)	···		
City & State		City & State		4. FEI Number 62-13825	541		_ 	oplied For		
Zip Country		Zip	Country		5. Certificate of			8.75 Add	litional	
-	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent		
				Name						
PAPPAS, LYNN 200 W. FORSYTH ST SUNTRUST BLDG, SUITE 1400 JACKSONVILLE, FL 32202-4327				Street Address	reet Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32202-4327			City			FL	Zip Cod	е	
	named entity submits this statement for	r the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE_	4		F. F		4 - 0		DATE		-	
	Signature, typed or printed name of registered agent	and the irapplicable. (NO)	E: Hegistere	d Agent signature require	ea when reinstating)		CATE			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			5.00 May Be Ided to Fees					
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Trust Fund Cont			ded to Fees	HANGES TO OFF	ICERS AND	DIRECTOR	5 IN 11	
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12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statuties. 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:

William H. Stubblefield

Date

Dayline Phone #