
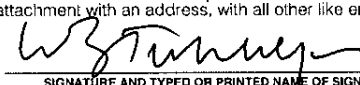


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90738 022 ***150.00

DOCUMENT # G07986 1. Entity Name ST. JOHNS HARBOUR, INC.					
Principal Place of Business 3797 NEW GETWELL RD MEMPHIS, TN 38118 US			Mailing Address 3797 NEW GETWELL RD MEMPHIS, TN 38118 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1382541	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAPPAS, LYNN 200 W. FORSYTH ST. SUNTRUST BLDG, SUITE 1400 JACKSONVILLE, FL 32202-4327				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGERMAN, WILLIAM		NAME		
STREET ADDRESS	3797 NEW GETWELL RD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38118		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, RICHARD L		NAME		
STREET ADDRESS	3797 NEW GETWELL RD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38118		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERSBY, H J		NAME		
STREET ADDRESS	3797 NEW GETWELL RD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38118		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUBBLEFIELD, WILLIAM H		NAME		
STREET ADDRESS	3797 NEW GETWELL RD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38118		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, JAMES E JR		NAME		
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32092		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			William H. Stubblefield		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4-13-04 <small>Daytime Phone #</small> (901) 369-1500		