


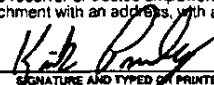
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2004 90326 001 \*1,650.00

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04 MAY 11 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # G77745</b>			
1. Entity Name <b>ST. JOHNS INVESTMENT MANAGEMENT COMPANY</b>			
Principal Place of Business <b>1301 RIVERPLACE BLVD 2530 JACKSONVILLE, FL 32207-9026 US</b>		Mailing Address <b>1301 RIVERPLACE BLVD 2530 JACKSONVILLE, FL 32207-9026 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 10566 - Arts Dis</b>	
City & State		City & State <b>Birmingham, AL</b>	
Zip	Country	Zip	Country
		<b>35246</b>	
4. FEI Number <b>59-2358951</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALBANEZE, DAVID T. 1301 RIVERPLACE BLVD SUITE 2530 JACKSONVILLE, FL 32207</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEGEL, GARRET R 15 SOUTH 20TH ST-COMPASS BANK 19TH FL BIRMINGHAM, AL 35233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAO Prossley, Kirk 15 South 20th St Birmingham, AL 35233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HELMS, WILLIAM C 2001 KIRBY-COMPASS BANK AMG HOUSTON, TX 77019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PRICE, DAVID T 2271 FLATWOOD CT JACKSONVILLE, FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ALBANEZE, DAVID T 7800 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PAYNE, DAN 149 COTTAIL CR JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALLEN, JOHN L 4399 PHELPS PLACE JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		Kirk Prossley 4/4/04 205-297-5724	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	