


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90453 001 \*1,200.00

<b>DOCUMENT # G77745</b>	
1. Entity Name <b>ST. JOHNS INVESTMENT MANAGEMENT COMPANY</b>	

Principal Place of Business <b>1301 RIVERPLACE BLVD SUITE 2530 JACKSONVILLE, FL 32207-9026 US</b>	Mailing Address <b>P.O. BOX 10566, ACCT DIV MAILCODE: AL/BI/CH/ALT BIRMINGHAM, AL 35296</b>
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**66014093**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-P CR2E034 (11/05)

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</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D HEGEL, GARRET R 15 SOUTH 20TH ST-COMPASS BANK 19TH FL BIRMINGHAM, AL 35233 <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 HELMS, WILLIAM C 2001 KIRBY-COMPASS BANK AMG HOUSTON, TX 77019 <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	VP PRICE, DAVID T 2271 FLATWOOD CT JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Kirk Pressley 15 South 20th Street Birmingham AL 35233</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALBANEZE, DAVID T 7800 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256 <input checked="" 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	VP PAYNE, DAN 149 COTTAIL CR JACKSONVILLE, FL 32259 <input checked="" 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	P ALLEN, JOHN L 4399 PHELLPS PLACE JACKSONVILLE, FL 32207 <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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/06*

Date Daytime Phone #



**Compass Bank**

ATTACHMENT

66014093

P.O. Box 10566  
Birmingham, Alabama 35296

May 1, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Please find the enclosed copies of forms 2005 For Profit Corporation Annual Report for the following companies:

Name	FEI Number
Compass Bancshares, Inc.	63-0593897
Compass Bank	63-0476286
Compass Brokerage, Inc.	63-0644276
Compass Fiduciary Services, Ltd. Inc.	63-0959198
Compass Financial Corporation	63-1033443
Compass Multistate Services Corporation	63-0709498
Compass Securities, Inc.	63-1031139
St. John's Investment Management Co.	59-2358951

One check in the amount of \$1,200 is included for the filing fee of each company. If you have any questions, please do not hesitate to call me at (205) 297-7033.

Sincerely,

Allison L. Webster  
Vice President