

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69666

FILED
Apr 07, 2004
Secretary of State

Entity Name: ST. JOHNS FABRICATORS, INC.

Current Principal Place of Business:

3893 SLOW TIDE ROAD
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1741
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-2935947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINT, JEFFREY L.
3893 SLOW TIDE RD.
P.O. BOX 1741
GREEN COVE SPRINGS, FL 32043 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: P () Delete
Name: KINT, JEFFREY L.,
Address: 2848 N COASTAL HWY #6
City-St-Zip: ST. AUGUSTINE, FL

Title: VST (X) Delete
Name: BARFIELD, BOBBY L.,
Address: 112 HUMMING BIRD LANE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINT, JEFFREY L.,
Address: 2848 COASTAL HWY #6
City-St-Zip: ST. AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY L. KINT

P

04/07/2004

Electronic Signature of Signing Officer or Director

Date