

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90019 013 \*\*\*150.00

**DOCUMENT # L46285**

1. Entity Name

ST. JOHNS MORTGAGE MANAGEMENT, INC.



Principal Place of Business

5175 W BEAVER ST  
JACKSONVILLE FL 32254

Mailing Address

5175 W BEAVER ST  
JACKSONVILLE FL 32254

2. Principal Place of Business

GREAT Southern Peterbilt 5175 W. BEAVER ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, F

City & State

FLORIDA

Zip

32254

Country

U.S.A.

Zip

Country

4. FEI Number

59-3009951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLEY, LYNWOOD  
1 INGHAM ROAD  
PO BOX 40  
HILLIARD FL 32046

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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
NAME	HOLLEY, VIVIAN	
STREET ADDRESS	PO BOX 40, 1 INGHAM ROAD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HOLLEY, BRENTON	
STREET ADDRESS	PO BOX 40, 1 INGHAM ROAD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLLEY, MARCUS	
STREET ADDRESS	P.O. BOX 40	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Vivian H. Holley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-30-04

Date

904 783-6170

Daytime Phone #