## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L46285

FILED Jan 20, 2005 Secretary of State

Entity Name: ST. JOHNS MORTGAGE MANAGEMENT, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OUTHERN PE IVILLE, FL 32				
Current N	lailing Addre	ss:	New Mailing Addres	ss:	
	EAVER ST IVILLE, FL 32	254			
FEI Number	: 59-3009951	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1 INGHAÑ PO BOX 4					
HILLIARD	, FL 32046 U	S			
The above	•		purpose of changing its registere	ed office or registered agent, or both,	
The above	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,	
The above in the Stat SIGNATU	e named entity e of Florida. RE:Electro	submits this statement for the		ed office or registered agent, or both,  Date	
The above in the Stat SIGNATU	e named entity e of Florida. RE:Electro	submits this statement for the			
The above in the State SIGNATU	e named entity e of Florida. RE:Electro	submits this statement for the nic Signature of Registered Ag	ent		
The above in the State SIGNATU	e named entity e of Florida.  RE: Electro  mpaign Financi  S AND DIRECTED  HOLLEY, VIVI	submits this statement for the nic Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete AN INGHAM ROAD	ent	Date	
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  P (HOLLEY, VIVI. PO BOX 40, 1 HILLIARD, FL  VT (HOLLEY, BRE	submits this statement for the nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete AN INGHAM ROAD 32046  ) Delete ENTON INGHAM ROAD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: VIVIAN HOLLEY P 01/20/2005