

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L46285

FILED
Jul 12, 2006
Secretary of State

Entity Name: ST. JOHNS MORTGAGE MANAGEMENT, INC.

Current Principal Place of Business:

GREAT SOUTHERN PETERBILT
JACKSONVILLE, FL 32254

New Principal Place of Business:

5201 W BEAVER STREET
JACKSONVILLE, FL 32254

Current Mailing Address:

5175 W BEAVER ST
JACKSONVILLE, FL 32254

New Mailing Address:

5175 WEST BEAVER ST
JACKSONVILLE, FL 32254

FEI Number: 59-3009951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHEN, LANCE P
1723 BLANDING BLVD
SUITE 102
JACKSONVILLE, FL 32210 US

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: LANCE P. COHEN

07/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLEY, VIVIAN
Address: PO BOX 40, 1 INGHAM ROAD
City-St-Zip: HILLIARD, FL 32046

Title: VT () Delete
Name: HOLLEY, BRENTON
Address: PO BOX 40, 1 INGHAM ROAD
City-St-Zip: HILLIARD, FL 32046

Title: S () Delete
Name: HOLLEY, MARCUS
Address: P.O. BOX 40
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLLEY, VIVIAN C
Address: 5201 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: VT (X) Change () Addition
Name: HOLLEY, BRENTON N
Address: 5201 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: S (X) Change () Addition
Name: HOLLEY, MARCUS W
Address: 5201 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

07/12/2006

Electronic Signature of Signing Officer or Director

Date