2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2009
Secretary of State

DOCUMENT# L46285

Entity Name: ST. JOHNS MORTGAGE MANAGEMENT, INC.

Current Principal Place of Business:

5201 W BEAVER STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5201 WEST BEAVER ST
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3009951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: HOLLEY, LYNWOOD
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 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: LYNWOOD HOLLEY PVS 10/22/2009

Electronic Signature of Signing Officer or Director — Date