


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # L84910 1. Entity Name JOHN'S ISLAND GROUP, INC.	
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Principal Place of Business 3399 PGA BLVD STE 260 PALM BEACH GARDENS, FL 33410	Mailing Address 3399 PGA BLVD STE 260 PALM BEACH GARDENS, FL 33410
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03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2903538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, HELEN E
3399 PGA BLVD.
SUITE 260
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP STONE, HELEN E 3399 PGA BLVD., STE 260 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAFFER, MARGARET B 3399 PGA BLVD., STE 260 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSBY, SHEILA B 3399 PGA BLVD., STE 260 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80096-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Helen E Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07 561-
626-9711
Date Daytime Phone #