

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070370

FILED
May 13, 2009
Secretary of State

Entity Name: ST. JOHNS SPORTSMAN-LEGAL SUPPORT SYSTEMS, INC.

Current Principal Place of Business:

RUCKUS OAKS RANCH, C/O JEROME MITCHELL PA
1326 S. RIDGEWOOD AVE. SUITE 8
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4676
DELAND, FL 327214676

New Mailing Address:

P.O. BOX 4676
DELAND, FL 327214676 US

FEI Number: 59-3664361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, MARIA R
RUCKUS OAKS RANCH
800 SAND CRANE LANE
LAKE HELEN, FL 32744 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

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: PTSD () Delete
Name: PIERCE, MARIA R
Address: RUCKUS OAKS RANCH, 800 SAND CRANE LANE
City-St-Zip: LAKE HELEN, FL 32744

Title: VD () Delete
Name: PIERCE, C WALTER II
Address: RUCKUS OAKS RANCH, 800 SAND CRANE LANE
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA R PIERCE

PTSD

05/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date