2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# P02000074041

Entity Name: ST. JOHNS PARTNERSHIP GROUP, INC.

Current Principal Place of Business:

146 KING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

146 KING STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRINGALI, JOSEPH C
146 KING STREET
ST. AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERCE, MICHAEL
Address: 7350 OLD SR 207
City-St-Zip: ELKTON, FL 32033

Title: V ( ) Delete
Name: ROBSHAW, KENNY
Address: 704 CASCO WAY
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S ( ) Delete
Name: TRINGALI, JOSEPH
Address: 354 MARSH PT CR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: NEMECEK, WALTER J JR
Address: 751 VAILL PT RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: WALTER J. NEMECEK JR T 03/19/2006

Electronic Signature of Signing Officer or Director — Date