

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074041

FILED  
Mar 24, 2010  
Secretary of State

Entity Name: ST. JOHNS PARTNERSHIP GROUP, INC.

## Current Principal Place of Business:

146 KING STREET  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

13 ST. JOHNS MEDICAL PK. DR.  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

146 KING STREET  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

13 ST. JOHNS MEDICAL PK. DR.  
ST. AUGUSTINE, FL 32086

FEI Number: 55-0787503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

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:

NEMECEK, WALTER J JR  
13 ST. JOHNS MEDICAL PK. DR.  
ST. AUGUSTINE, FL 32086 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: WALTER J NEMECEK JR

03/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S  
Name: TRINGALI, JOSEPH C  
Address: 354 MARSH POINT CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

I hereby 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 all other like empowered.

SIGNATURE: WALTER J NEMECEK JR

P

03/24/2010

Electronic Signature of Signing Officer or Director

Date