

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 044 ***150.00

DOCUMENT # P02000109836

1. Entity Name

ST. JOHNS RIVER HOLDING CO., INC.



Principal Place of Business

1484 SCARLETT WAY
GREEN COVE SPRINGS, FL 32043

Mailing Address

5000-18 U.S. HIGHWAY 17
P.M.B. 250
ORANGE PARK, FL 32003



03182004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2077811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORGENSEN, RAYMOND D
1484 SCARLETT WAY, 5000-18 Hwy 17 #250
GREEN COVE SPRINGS, FL 32043 Orange Park, FL
32003

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Rubi I. Jorgensen

4/20/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORGENSEN, RAYMOND D
STREET ADDRESS	1484 SCARLETT WAY
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	JORGENSEN, RUBI I
STREET ADDRESS	1484 SCARLETT WAY
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	Krayack, Felicia
STREET ADDRESS	1364 Fairway
CITY - ST - ZIP	Orange Park, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rubi I. Jorgensen

4/20/04

Date

Daytime Phone #

904-264-9200