

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000119937

1. Entity Name
ST. JOHNS AVENUE, INC.



Principal Place of Business
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

Mailing Address
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3071271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELLS, MARIE
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000943510

05/25/08 80063-003 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WELLS, MARIE
STREET ADDRESS 4595 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME CHASE, MARY S
STREET ADDRESS 45954 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME CHASE, IAN
STREET ADDRESS 45954 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME EVANS, MARY K
STREET ADDRESS 45954 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME MILNE, DOUGLAS J
STREET ADDRESS 45954 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

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 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:

DMilne *DJ MILNE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 *904.387.5400*

Date

Daytime Phone #