2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# P03000006306

Entity Name: STRATEGIC AGENCY NETWORK OF THE ST. JOHNS, INC.

Current Principal Place of Business:

5111 CRILL AVE
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

5111 CRILL AVE
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 02-0668445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINBOTHAM, CONNIE F
5111 CRILL AVE
PALATKA, FL 32177 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: HIGGINBOTHAM, CONNIE F
Address: 166 SLAUGHTER ROAD
City-St-Zip: PALATKA, FL 32177 US

Title: VD ( ) Delete
Name: BERSET, MARK
Address: ONE BEACH DRIVE
City-St-Zip: ST. PETERSBURG, FL 33731 US

Title: ST ( ) Delete
Name: FULGHUM, MARSHALL
Address: 105 PEAVINE COURT
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: HIGGINBOTHAM, MAURICE G
Address: 166 SLAUGHTER ROAD
City-St-Zip: PALATKA, FL 32177 US

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 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 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: CONNIE F. HIGGINBOTHAM PRES 03/16/2004

Electronic Signature of Signing Officer or Director Date