

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085286

Entity Name: ST. JOHNS MGA, INC.

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 20-0161791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAILL, JAMES J
6675 WESTWOOD BLVD
SUITE 360
ORLANDO, FL 32821 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: ST () Delete
Name: FALZARANO, ED
Address: 3431 FERLAK PL
City-St-Zip: LONGWOOD, FL 32779

Title: CD () Delete
Name: MCCAILL, JAMES J
Address: 3115 SEIGNEURY DR
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: BOWEN, REESE I
Address: 10 SUMMERLIN AVE, UNIT #42
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: LUCAS, ROBERT P
Address: 6258 BLAKEFORD DR
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: MCHATTIE, CHRISTOPHER J
Address: 46 CHERRY TREE LANE
City-St-Zip: KINNELON, NJ 07405

Title: D () Delete
Name: CULBERTSON, MICHAEL
Address: 4624 SYLVAN DR
City-St-Zip: COLUMBIA, SC 29206

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
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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 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: EDWARD D FALZARANO

ST

04/02/2008

Electronic Signature of Signing Officer or Director

Date