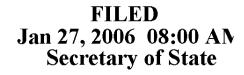
2006 FOR PROFIT CORPORATION. ANNUAL REPORT

DOCUMENT # P03000115899 1. Entity Name ST. JOHNS FARM GAME PRESERVE, INC. Principal Place of Business 9250 BAYMEADOWS ROAD STE 400 9250 BAYMEADOWS ROAD STE 400 9250 BAYMEADOWS ROAD STE 400



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	e of Business EADOWS ROAD STE 400 LE, FL 32256	Mailing Address 9250 BAYMEADOWS ROAD STI JACKSONVILLE, FL 32256	E 400					
C	6 Name and Address of Current Rev		01062006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-0370029 Applied For Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORRIS, WILLIAM P JR 9250 BAYMEADOWS RD STE 400 JACKSONVILLE, FL 32256				DO NOT WRITE IN THIS SPACE				
the obligate SIGNATURE.	named entity submits this statement for the ions of registered agent Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		d Ağını almaturb requi	nuired when refinitating) U0000402475 \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PDM MORRIS, WILLIAM P JR PO BOX 386 NA CRESCENT CITY, FL 32112	ECTORS						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		And year o		·				

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 cath, 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: _	William P. Maria	1 William	P. Marris	Jr. 1/25/06	904-131-959
	SIGNATURE AND TYPED OR PRINTED NAME OF	GHING OFFICER OR DIRECTOR		Date	Daytime Phone #