

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138472

FILED
Jul 06, 2004
Secretary of State

Entity Name: ST. JOHNS INSURANCE COMPANY, INC.

Current Principal Place of Business:

5950 HAZELTINE NATIONAL DR.
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5950 HAZELTINE NATIONAL DR.
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 43-2035217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOAGLAND, MICHAEL G
Address: 7523 SEURAT ST., APT. 207
City-St-Zip: ORLANDO, FL 32819

Title: VSTD () Delete
Name: FALZARANO, EDWARD
Address: 14 TEMPE WICK RD.
City-St-Zip: MENDHAM, MORIS, NJ

Title: VD () Delete
Name: BOWEN, REESE I
Address: 5 SILVERBROOK RD.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D () Delete
Name: MCCAILL, JAMES J
Address: 12 MOON SHADOW CT.
City-St-Zip: KINNELON, NJ 07404

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOAGLAND, MICHAEL G
Address: 8354 VIA ROSA
City-St-Zip: ORLANDO, FL 32836

Title: ST (X) Change () Addition
Name: FALZARANO, EDWARD
Address: 14 TEMPE WICK RD.
City-St-Zip: MENDHAM, MORIS, NJ

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: MICHAEL HOAGLAND

P

07/06/2004

Electronic Signature of Signing Officer or Director

Date

ROBERT P. LUCAS, D
4 BEECHWOOD DRIVE
CONVENT STATION, NJ 07961