


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90461 034 ***150.00

DOCUMENT # P03000138472	
1. Entity Name ST. JOHNS INSURANCE COMPANY, INC.	

Principal Place of Business 5950 HAZELTINE NATIONAL DR. ORLANDO FL 32822	Mailing Address 5950 HAZELTINE NATIONAL DR. ORLANDO FL 32822
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2. Principal Place of Business 6675 WESTWOOD BLVD Suite, Apt. #, etc. WESTWOOD CENTER 3 STE 360 City & State ORLANDO FLORIDA Zip 32821	3. Mailing Address 6675 WESTWOOD BLVD Suite, Apt. #, etc. WESTWOOD CENTER 3 STE 360 City & State ORLANDO FLORIDA Zip 32821
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1st MOORE CR2E034 (10/04)

4. FEI Number 43-2035217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE FL 32399	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HOAGLAND, MICHAEL G STREET ADDRESS 8354 VIA ROSA CITY-ST-ZIP ORLANDO FL 32836	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME JAMES J. MCCAILL STREET ADDRESS 6675 WESTWOOD BLVD CITY-ST-ZIP ORLANDO FL 32821	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME FALZARANO, EDWARD STREET ADDRESS 14 TEMPE WICK RD. CITY-ST-ZIP MENDHAM, MORIS NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BOWEN, REESE I STREET ADDRESS 5 SILVERBROOK RD. CITY-ST-ZIP MORRISTOWN NJ 07960	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCCAILL, JAMES J STREET ADDRESS 12 MOON SHADOW CT. CITY-ST-ZIP KINNELON NJ 07404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCHATTIE, CHRISTOPHER J STREET ADDRESS 46 CHERRY LANE CITY-ST-ZIP KINNELON NJ 07405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CULBERTSON, MICHAEL A STREET ADDRESS 4624 SYLVAN DR. CITY-ST-ZIP COLUMBIA SC 29206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **Treasurer** 4/21/05 973-335-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____