

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138472

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ST. JOHNS INSURANCE COMPANY, INC.

## 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: 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCAILL, JAMES J  
Address: 6675 WESTWOOD BLVD, SUITE 360  
City-St-Zip: ORLANDO, FL 32821

Title: ST ( ) Delete  
Name: FALZARANO, EDWARD D  
Address: 3431 FERNLAKE PL  
City-St-Zip: LONGWOOD, FL 32779

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

Title: D ( ) 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 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: D (X) Change ( ) Addition  
Name: MCCAILL, JAMES J  
Address: 6675 WESTWOOD BLVD, SUITE 360  
City-St-Zip: ORLANDO, FL 32821

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BOWEN, REESE I  
Address: 10 SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32801

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 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 FALZARANO

S

04/26/2007

Electronic Signature of Signing Officer or Director

Date