2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088992

Entity Name: ST. JAGO, INC.

FILED Apr 30, 2009 Secretary of State

Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVER, HERVIN B 8600 BAROT DRIVE # 104 NAPLES, FL 34104 US The above named entity submits this statement for the purpose of changing its registered office or registered agin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: P () Delete Title: Name: OLIVER, HERVIN B Address: B600 BAROT DRIVE # 104 Address: City-St-Zip: NAPLES, FL 34104 US Title: MS () Change () Addition Title: () Change () Addition					
# 104 NAPLES, FL 34104 US Current Mailing Address: 8600 BAROT DRIVE	urrent Pri	incipal Pla	ce of Business:	New Principal Place	of Business:
NAPLES, FL 34104 US Current Mailing Address: 8600 BAROT DRIVE		BOULEV	ARD		
8600 BAROT DRIVE # 104 NAPLES, FL 34104 US NAPLES, FL 34104 US NAPLES, FL 34104 US FEI Number: 59-3811052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status I Name and Address of Current Registered Agent: Name and Address of New Registered Ag OLIVER, HERVIN B 8600 BAROT DRIVE # 104 NAPLES, FL 34104 US The above named entity submits this statement for the purpose of changing its registered office or registered are in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: P () Delete Title: () Change () Addition Name: OLIVER, HERVIN B Name: Address: 8600 BAROT DRIVE # 104 City-St-Zip: NAPLES, FL 34104 US Title: MS () Delete Title: () Change () Addition		L 34104	US		
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AN Title: P () Delete Title: Name: OLIVER, HERVIN B Address: 8600 BAROT DRIVE # 104 City-St-Zip: NAPLES, FL 34104 US Title: MS () Delete Title: () Change () Addition Title: () Change () Addition	: 104 IAPLES, FL he above n	named enti of Florida. E:	ry submits this statement for the purp	oose of changing its registere	
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Title: T () Delete Title: () Change () Addition Name: OLIVER, FITZGERALD Name: Address: 4075 PINE RIDGE ROAD #14 Address:	in 104 JAPLES, FL The above in the State of SIGNATURE Clection Camp DFFICERS ittle: ame: ddress: ittle: lame: ddress:	named enti of Florida. E: Electi paign Finance AND DIRI P OLIVER, HE 8600 BARO' NAPLES, FL MS OLIVER, CL 8600 BARO'	cy submits this statement for the purpose sing Trust Fund Contribution (). CCTORS: () Delete RVIN B T DRIVE # 104 34104 US () Delete AUDIA A T DRIVE #104	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS () Change () Addition

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: CLAUDIA OLIVER MS 04/30/2009