2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P08000057342

Entity Name: ST. JOHNS GYMNASTICS, INC.

Current Principal Place of Business:

204 PALMETTO DRIVE
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

314 COMMERCE LAKE DRIVE
SUITE 204
SAINT AUGUSTINE, FL 32092 US

Current Mailing Address:

204 PALMETTO DRIVE
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

314 COMMERCE LAKE DRIVE
SUITE 204
SAINT AUGUSTINE, FL 32092 US

FEI Number: 26-2792589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDESS, WENDY L
204 PALMETTO DRIVE
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

KISSIRE, CANDACE S
204 PALMETTO DRIVE
SAINT AUGUSTINE, FL 32095 US

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: CANDACE S. KISSIRE 04/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANDESS, WENDY
Address: 204 PALMETTO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: V ( ) Delete
Name: LANDESS, JOHN
Address: 204 PALMETTO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: ST ( ) Delete
Name: BERKLEY, HEATHER M
Address: 2861 N. 8TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KISSIRE, CANDACE S
Address: 204 PALMETTO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: V (X) Change ( ) Addition
Name: SMITH, BARBARA J
Address: 4366 RUES LANDING ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

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: CANDACE S. KISSIRE P 04/10/2009
Electronic Signature of Signing Officer or Director Date