2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P96000014111

Entity Name: ST. JOHNS AUTO BODY, INC.

Current Principal Place of Business:

1609 ST JOHNS AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

1609 ST JOHNS AVE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3375101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCROGGINS, KENT A
1609 ST JOHNS AVE
PALATKA, FL 32177 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: SCROGGINS, KENT A
Address: 115 ORANGE AVE
City-St-Zip: EAST PALATKA, FL 32131

Title: SD (X) Delete
Name: SCROGGINS, TROY A
Address: 115 ORANGE AVE
City-St-Zip: EAST PALATKA, FL 32131

Title: TD (X) Delete
Name: SCROGGINS, TERRY A
Address: 1609 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete
Name: SCROGGINS, SHERRI L
Address: 115 ORGANGE DRIVE
City-St-Zip: EAST PAALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP (X) Change ( ) Addition
Name: SCROGGINS, SHERRI L
Address: 115 ORANGE DRIVE
City-St-Zip: EAST PALATKA, FL 32131

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: SHERRI L SCROGGINS VP 04/26/2007

Electronic Signature of Signing Officer or Director — Date