

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070423

FILED
Apr 22, 2005
Secretary of State

Entity Name: ST. JOE COMMERCIAL, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500, ATTN: LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3591589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 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: DP () Delete
Name: HERRING, FRANK W JR
Address: 4901 VINELAND ROAD SUITE 200
City-St-Zip: ORLANDO, FL 32202 US

Title: DV () Delete
Name: REGAN, MICHAEL N
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S () Delete
Name: MARX, CHRISTINE M
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: AS () Delete
Name: WHITLATCH, SUSAN G
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: DVCF () Delete
Name: SLAPPEY, BRADFORD A
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: V () Delete
Name: SOLOMON, STEPHEN W
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TWOMEY, KEVIN M
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

Title: () Change () Addition
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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 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 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: SUSAN G. WHITLATCH

AS

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date