

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90096 027 ***150.00

DOCUMENT # 270437	
1. Entity Name JOHNSON SCHOOLS, INC.	

Principal Place of Business 808 S.E. 4TH ST. FT LAUDERDALE FL 33301 US	Mailing Address 808 S.E. 4TH ST. FT LAUDERDALE FL 33301 US
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2. Principal Place of Business 4300 N. Ocean Blvd. Suite, Apt. #, etc. 1514	3. Mailing Address 4300 N. Ocean Blvd. Suite, Apt. #, etc. 1514
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City & State FT. Lauderdale, Fla.	City & State FT. Lauderdale, Fla.
Zip 33308	Country Broward



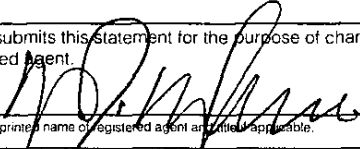
MOORE CR2E034 (11/03)

4. FEI Number 59-1005428	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOYLE, DAWN J 808 S.E. 4TH ST. FT. LAUDERDALE FL 33308	
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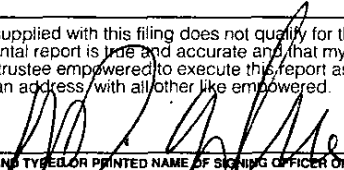
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-23-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D DOYLE, DAWN J 808 S.E. 4TH ST. FT LAUDERDALE, FL 00000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P DOYLE, DAWN J 808 S.E. 4TH ST. FT LAUDERDALE, FL 00000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
4300 N. Ocean Blvd. #1514 FT. Lauderdale, Fla. 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
4300 N. Ocean Blvd. #1514 FT. Lauderdale, Fla. 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: 	Date 4/23/04 Daytime Phone # (954) 564-7414