2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40630

FILED Apr 02, 2004 Secretary of State

Entity Name: LAW OFFICES OF HENRY PAUL JOHNSON P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	.OW PARK DI FL 34109 (RIVE JS			
Current M	lailing Addre	ss:	New Mailing Addres	s:	
	OW PARK DI FL 34109 l	RIVE JS			
El Number	: 59-2472272	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
640 WILL	N, HENRY PAU OW PARK DI	RIVE			
640 WILL NAPLES, I	OW PARK DF FL 34109 U named entity e of Florida.	RIVE JS	ourpose of changing its registere	d office or registered agent, or both,	
6640 WILL NAPLES, I The above n the State	OW PARK DIFE 34109 United to the second seco	RIVE JS		d office or registered agent, or both, Date	
6640 WILL NAPLES, I The above In the State SIGNATUI	OW PARK DIFE 34109 UP named entity of Florida. RE:Electro	RIVE JS submits this statement for the p			
6640 WILL NAPLES, I The above In the State BIGNATUI Election Cal	OW PARK DIFE 34109 UP named entity of Florida. RE:Electro	RIVE JS submits this statement for the p nic Signature of Registered Age ng Trust Fund Contribution ().	ent		
6640 WILL NAPLES, I The above In the State BIGNATUI Election Cal	ow PARK DEFL 34109 Use named entity e of Florida. RE:	RIVE JS submits this statement for the p nic Signature of Registered Age og Trust Fund Contribution (). CTORS:) Delete NRY PAUL, / PARK DRIVE	ent	Date	

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: JILL K. JOHNSON ST 04/02/2004