2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

□□□□□□□□□ L28606

1. Entity Name
JOHNSON MARINA CORPORATION

Principal Place of Business	Mailing Address
15051 PUNTA RASSA ROAD FORT MYERS, FL 33908	15051 PUNTA RASSA ROAD FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

04062004 □□□□□□□ □□□□□□□□□□□□

4. FEI Number
65-0153863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** □□□□□□□□

6. Name and Address of Current Registered Agent

LUMSDEN, DENNIS, ESQUIRE
6719 WINKLER ROAD
FORT MYERS, FL 33919

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** □□□□□□□□□□□□

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, VIRGINIA
STREET ADDRESS	767 CAPE VIEW DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	VP
NAME	JOHNSON, SCOTT
STREET ADDRESS	18301 PANTHER TRAIL LANE
CITY-ST-ZIP	NORTH FLORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80062-017 150.00

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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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-9-04 239-454-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #