

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 673632 1. Entity Name JOHN BOOTON, INC.	
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Principal Place of Business 3724 DR MARTIN LUTHER KING BLVD FT. MYERS, FL 33916	Mailing Address 3724 DR MARTIN LUTHER KING BLVD FT. MYERS, FL 33916 US
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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2000071	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FOCHT, RONALD 3724 DR MAR LUTHER KING BLD FT. MYERS, FL 33916

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	PT FOCHT, RONALD D. 3724 DR MAR LUT KING BLD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FOCHT, DEBORAH L. 3724 DR MAR LUT KING BLD FT MYERS, FL
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04/21/05-80079-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Deborah L. Focht</u> DEBORAH L. Focht	<u>4/19/05</u> 239 33 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #