


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 116961</b> 1. Entity Name ROBERTSON, JOHNSON WAREHOUSES, INC.	
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Principal Place of Business 2600 SHADER ROAD (32804-2724) P O BOX 547900 ORLANDO, FL 32894-7900 US	Mailing Address 2600 SHADER ROAD (32804-2724) P O BOX 547900 ORLANDO, FL 32894-7900 US
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0241330	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, THOMAS W.  
2600 SHADER ROAD  
ORLANDO, FL 32804

**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 \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000055763  
02/18/04-80017-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, THOMAS W. 2600 SHADER RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBERTSON, ROBERT A. JR. 2600 SHADER RD. ORLANDO, FL
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	

**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:**

*Robert A. Robertson Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04  
Date

Daytime Phone # \_\_\_\_\_