

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231267

Entity Name: JOHN'S, INC.

FILED
Jan 28, 2004
Secretary of State

Current Principal Place of Business:

800 W. JOHNS RD.
P.O. BOX 1896
APOPKA, FL 32704

New Principal Place of Business:

Current Mailing Address:

800 W. JOHNS RD.
P.O. BOX 1896
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-0877580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ROBERT C
800 W. JOHNS ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOTT, ROBERT C,
Address: 1833 ESPANOLA DR.
City-St-Zip: ORLANDO FL.,

Title: TSD (X) Delete
Name: SCOTT, ANN M.,
Address: 1833 ESPANOLA DRIVE
City-St-Zip: ORLANDO, FL

Title: VP () Delete
Name: SCOTT, JOHN S.,
Address: 390 ALBERTA DR
City-St-Zip: WINTER PARK, FL

Title: VP () Delete
Name: GAINES, CATHERINE SCOT
Address: 585 OSCEOLA COURT
City-St-Zip: WINTER PARK, FL 32788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GAINES, CATHERINE SCOT
Address: 954 NORTH TEXAS AVE.
City-St-Zip: ORLANDO, FL 32804

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: SCOTT, JOHN S.

VP

01/28/2004

Electronic Signature of Signing Officer or Director

Date