


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 241759</b> 1. Entity Name <b>JOHNSON CHRYSLER, INC.</b>	
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Principal Place of Business <b>2633 SOUTH US 1 FT PIERCE, FL 34982 US</b>	Mailing Address <b>PO BOX 14199 FT PIERCE, FL 34979-4199 US</b>
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0918174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**JOHNSON, MARY ELLEN  
2633 SOUTH US-1  
FORT PIERCE, FL 34982**

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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: Mary Ellen Johnson (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT JOHNSON, MARY ELLEN 1504 CORONADO AVE. FT PIERCE, FL 34982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS O'QUINN, MARJORIE 1501 CORONADO AVE. FT PIERCE, FL 34982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV RITCHIE, MARY ANNE J 4055 GREENWOOD DR FT PIERCE, FL 34982</b>
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02/04/04-80086-012 150.00

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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)(f), 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: Mary Ellen Johnson 1/28/04 772-466-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #