


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 A
Secretary of State

DOCUMENT # 344802
 1. Entity Name
 W.G. JOHNSON & SON, INC.



Principal Place of Business
 2430 N.W. 73RD PL
 GAINESVILLE, FL 32606-1214

Mailing Address
 2430 N.W. 73RD PL
 GAINESVILLE, FL 32653-1299 US



01122004 No Chg-P CR2E034 (10/03)

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4. FEI Number
 59-1258782 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, W G JR
 2430 NW 73RD PL
 GAINESVILLE, FL 32653

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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 reinstalling)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, W.G. JR.
STREET ADDRESS	2430 NW 73RD PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VP
NAME	JOHNSON, W. GLENN III
STREET ADDRESS	2430 NW 73RD PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	ST
NAME	JOHNSON, DOROTHY N
STREET ADDRESS	2430 NW 73RD PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/15/04-80027-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Dorothy N. Johnson 1-12-2004 1-352-376-6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Dorothy N. Johnson, Secy. Treas.