

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 348301

1. Entity Name

CHARLEY E. JOHNS AGENCY INC



Principal Place of Business

811 S. WALNUT ST.
STARKE, FL 32091 US

Mailing Address

P.O. DRAWER 460
STARKE, FL 32091 US

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1264710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, PHILLIP
811 S. WALNUT ST.
STARKE, FL 32091

**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

1100000104925
04/07/04-80002-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNS, PHILLIP J.
STREET ADDRESS	811 S WALNUT ST.
CITY-ST-ZIP	STARKE, FL
TITLE	ST
NAME	JOHNS, C JEROME
STREET ADDRESS	811 S. WALNUT ST.
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	GERE H. JOHNS
STREET ADDRESS	811 S. WALNUT ST.
CITY-ST-ZIP	STARKE, FL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip Johns

Date

4-5-04 9049647830

Daytime Phone #