2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State
01-08-2004 90053 010 ***150.00

DOCUMENT # 362367

1. Entity Name
A.J. JOHNS, INC.

Principal Place of Business	Mailing Address
3225 ANNISTON ROAD JACKSONVILLE, FL 32246	3225 ANNISTON ROAD JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1289863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, A J
3225 ANNISTON RD
JACKSONVILLE, FL 32246

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SCHMITT, RYAN M.
STREET ADDRESS	~~223D SOUTH STREET~~ 506 A OceanFront
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	PSTD
NAME	JOHNS, A J
STREET ADDRESS	12608 MANDARIN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	JOHNS, MARK V
STREET ADDRESS	~~11670 THORNAPPLE DR~~ 4751 S. Prayer Dr.
CITY-ST-ZIP	JACKSONVILLE, FL ~~32223~~ 32217
TITLE	D
NAME	JOHNS, TERESA ANN 11850 Hidden
STREET ADDRESS	~~3206 GREENHOLLY DR. W.~~ Stagecoach Ct.
CITY-ST-ZIP	JACKSONVILLE, FL ~~32277~~ 32223
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: A.J. Johns Pres A.J. Johns 1-6-04 904-641-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #