

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90026 011 \*\*\*150.00

**DOCUMENT # 490147**

1. Entity Name

JOHNSON AIR SERVICE, INC.



Principal Place of Business

INDIAN WATERWAYS  
PLANTATION KEY, P.O. BX 792  
TAVERNIER FL 33070  
US

Mailing Address

INDIAN WATERWAYS  
PLANTATION KEY, P.O. BX 792  
TAVERNIER FL 33070  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1633687**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, GARY L  
~~178 INDIAN MOUND TRAIL~~ *556 Bonito Ave*  
BOX 792  
TAVERNIER FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

*556 Bonito Ave*

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY L	
STREET ADDRESS	178 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, SARA ANN	
STREET ADDRESS	178 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, GERALD L	
STREET ADDRESS	178 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY II	
STREET ADDRESS	178 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>556 Bonito Ave</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>556 Bonito Ave</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>556 Bonito Ave</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>556 Bonito Ave</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Sara A. Johnson (SARA A. Johnson)* *1/31/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*305*  
*852-3393*

Daytime Phone #