


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90171 039 ***158.75

DOCUMENT # 493392
1. Entity Name
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, P.A.




Principal Place of Business
911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER, FL 33756

Mailing Address
911 CHESTNUT ST.
P.O. BOX 1368
CLEARWATER, FL 33756

14003016

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1640245	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGUE, CAROL A
911 CHESTNUT STREET
CLEARWATER, FL 33756

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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 _____
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, 2005 Fee will be \$550.00**

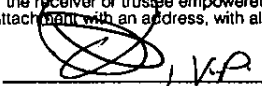
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, DARRYL R 911 CHESTNUT ST CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITTLE, MICHAEL G 911 CHESTNUT ST CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKHAM, MICHAEL C 911 CHESTNUT STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMSTRONG, E. D. III 911 CHESTNUT STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, DARRYL R 911 CHESTNUT STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  **Michael G. Little, VP** 04/21/2005 727.461.1818

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