

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570119

FILED
Jan 07, 2004
Secretary of State

Entity Name: JOHNSON AND FLETCHER INSURANCE, INC.

Current Principal Place of Business:

3225 N.W. 13TH STREET
POST OFFICE BOX 2310
GAINESVILLE, FL 32602

New Principal Place of Business:

Current Mailing Address:

3225 N.W. 13TH STREET
POST OFFICE BOX 2310
GAINESVILLE, FL 32602

New Mailing Address:

3225 N.W. 13TH STREET
POST OFFICE BOX 2310
GAINESVILLE, FL 32609

FEI Number: 59-1815756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, FAYE FLETCHER
BOX 53 TURKEY CREEK
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, FAYE FLETCH, ER
Address: BOX 53 TURKEY CREEK
City-St-Zip: ALACHUA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE FLETCHER JOHNSON

P

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date