

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587800

FILED
Apr 30, 2004
Secretary of State

Entity Name: JOHNSON AND MACLEAN, INC.

Current Principal Place of Business:

412 N.E. 16TH AVENUE, SUITE #100
PO BOX 13244
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

412 N.E. 16TH AVENUE, SUITE #100
PO BOX 13244
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-1856130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DONALD R.
412 N.E. 16TH AVE.
GAINESVILLE, FL 32601 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: PD () Delete
Name: JOHNSON, DONALD R.
Address: 3101 SE 35TH STREET
City-St-Zip: GAINESVILLE, FL

Title: STD () Delete
Name: MACLEAN, DONALD A.
Address: 3004 NE 18TH DRIVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DONALD A. MACLEAN

STD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date