

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90032 005 \*\*\*150.00

**DOCUMENT # 598744**

1. Entity Name  
**JOHNSON'S AUTO CENTER, INC.**



Principal Place of Business  
**CORNER SR 100 EAST & 214  
P.O. BOX 225  
LAKE GENEVA, FL 32160-0225**

Mailing Address  
**CORNER SR 100 EAST & 214  
P.O. BOX 225  
LAKE GENEVA, FL 32160-0225**



**DO NOT WRITE IN THIS SPACE**

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1873800**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURNEY, BIVENS, PA  
1536 KINSLEY AVE  
SUITE 118  
ORANGE PARK, FL 32073**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
HUSTON, SCOTT T  
8041 STATE RD 100  
KEYSTONE HEIGHTS, FL 32656**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
HUSTON, LISA DIANNE J  
8041 STATE RD 100  
KEYSTONE HEIGHTS, FL 32656**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/04** **352-745-1058**  
Date Daytime Phone #