

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003034

FILED
Aug 25, 2004
Secretary of State

Entity Name: JOHNSTONE DOWNEY KLEIN, INC.

Current Principal Place of Business:

692 NORTH HIGH STREET #207
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

692 NORTH HIGH STREET #207
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-1218240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MATTHEW R
1862 CLASSIC DR.
CORAL SPRINGS, FL 33071 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: CP () Delete
Name: JOHNSTONE, JOHN G
Address: 692 NORTH HIGH STREET #207
City-St-Zip: COLUMBUS, OH 43215

Title: VCS () Delete
Name: DOWNEY, ROBERT K
Address: 3232 BRECKENRIDGE DRIVE
City-St-Zip: INDIANAPOLIS, IN 46228

Title: DT () Delete
Name: CARL, WILLIAM E
Address: 692 N. HIGH ST. #207
City-St-Zip: COLUMBUS, OH 43215

Title: VP () Delete
Name: YAUCH, EDWARD T
Address: 692 NORTH HIGH STREET #207
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIA M. PLANT

CP

08/25/2004

Electronic Signature of Signing Officer or Director

Date