


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90036 017 \*\*\*150.00

54027434

|  |   |                                       |   |  |  |
|--|---|---------------------------------------|---|--|--|
| <b>DOCUMENT # F14307</b><br>1. Entity Name<br><b>JOHNSTON AND SASSER, P.A.</b>   |   |                                       |   |   |  |
| Principal Place of Business<br><b>29 S BROOKSVILLE AVE<br/>BROOKSVILLE, FL 34601</b>   |   |                                       | Mailing Address<br><b>PO BOX 997<br/>BROOKSVILLE, FL 34605-7997</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                           |  |  |
| City & State   |   |                                       | City & State  |  |  |
| Zip  |   | Country                               |   | 4. FEI Number<br><b>59-2045508</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b> |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SASSER, DAVID C<br/>29 S BROOKSVILLE AVE<br/>BROOKSVILLE, FL 34601</b>   |   |                                       |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                          |  |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   |                                       |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>SASSER, DAVID C<br>SR 50 W<br>BROOKSVILLE, FL                     |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>JOHNSTON, DARRYL W<br>10105 WEEKS DRIVE<br>BROOKSVILLE, FL 34601 |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | DVP<br>JOHNSTON, DARRYL W.<br>10123 Weeks Drive<br>Brooksville, FL 34601   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete <input type="checkbox"/>   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete <input type="checkbox"/>   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete <input type="checkbox"/>   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Delete <input type="checkbox"/>   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>  |  |
| 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. |   |                                       |   |  |  |
| <b>SIGNATURE:</b> <i>David C. Sasser</i> <b>DAVID C. SASSER</b> / 1/14/04 352-796-5123   |   |                                       |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |                                       |   |  |  |



Attachment F14307  
Division of Corporations

54027434

## Annual Report

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Document Number

F14307

Business Entity Name

JOHNSTON AND SASSER, P.A.

FEI Number

592045508

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

29 S BROOKSVILLE AVE

Suite, Apt. #, etc.

City, State

BROOKSVILLE

FL

Zip Code &amp; Country

34601

## Mailing Address

Address

PO BOX 997

Suite, Apt. #, etc.

City, State

BROOKSVILLE

FL

Zip Code &amp; Country

346050997

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SASSER

DAVID

C

-or- RA Business Name

Address

29 S BROOKSVILLE AVE

Suite, Apt. #, etc.

City, State

BROOKSVILLE

FL

Zip Code &amp; Country

34601

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature