

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUL -9 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F69484

1. Entity Name  
BARRETT G. JOHNSON & ASSOCIATES, P.A.



Principal Place of Business  
~~315 S CALHOUN STREET~~  
~~STE 350~~  
TALLAHASSEE, FL 32301 US

Mailing Address  
POST OFFICE BOX 1308  
TALLAHASSEE, FL 32302 US



2. Principal Place of Business  
1020 EAST LAFAYETTE ST.  
Suite, Apt. #, etc.  
SUITE 110

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
TALLAHASSEE, FL

City & State

Zip  
32301

Country

Zip

Country

07092004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2196035

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JOHNSON, BARRETT G.  
~~315 S CALHOUN ST~~  
~~SUITE 350~~  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1020 EAST LAFAYETTE STREET  
SUITE 110

City

TALLAHASSEE

FL

Zip Code

32301

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/04  
DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JOHNSON, BARRETT G.  
STREET ADDRESS ~~315 S CALHOUN ST SUITE 350~~  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1020 EAST LAFAYETTE STREET, SUITE 110  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 503149904195  
CITY-ST-ZIP 05/13/03--90044--024 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04 (850) 222-2693  
Date Daytime Phone #

VBM 7/9/04