


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J54078

1. Entity Name
NUCKOLLS, JOHNSON & BELCHER, P.A.



Principal Place of Business
1375 JACKSON ST
303
FORT MYERS, FL 33901 US

Mailing Address
P O BOX 2199
FORT MYERS, FL 33902 US

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2774120

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, KARL L
1375 JACKSON ST
STE. 303
FORT MYERS, FL 33901

**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 _____ DATE _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PD JOHNSON, KARL L. 1375 JACKSON ST FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUCKOLLS, HUGH PAUL 1375 JACKSON ST FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELCHER, W. GUS II 1375 JACKSON ST FORT MYERS, FL
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01/29/04-80004-015 150.00

**DO NOT WRITE
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)(f), 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: Karl L. Johnson 1/26/04 239/334-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KARL L. JOHNSON, President