


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J80142	
1. Entity Name AGENCY MANAGEMENT CORPORATION	

Principal Place of Business 1509 W. BROADWAY OVIEDO, FL 32765 US	Mailing Address 1509 W. BROADWAY OVIEDO, FL 32765 US
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2823556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, CHARLES F. II 1509 W. BROADWAY OVIEDO, FL 32765

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

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 PD	NAME JOHNSON, CHARLES F., II
STREET ADDRESS 622 STALLION CT.	CITY-ST-ZIP WINTER SPRINGS, FL 32708
TITLE STD	NAME JOHNSON, CHARLOTTE B.
STREET ADDRESS 622 STALLION CT.	CITY-ST-ZIP WINTER SPRINGS, FL 32708
TITLE D	NAME FORD, REBECCA
STREET ADDRESS 1136 DUNCAU DR.	CITY-ST-ZIP WINTER SPRINGS, FL 32708
TITLE D	NAME JOHNSON, C. F. III
STREET ADDRESS 735 HILLCREST DRIVE	CITY-ST-ZIP BRADENTON, FL 34209
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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01/23/04-80044-006 158.75

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:  **Charles F. Johnson II.** **1/19/04** **407-366-6707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #