

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43722

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: JOHNSON INSURANCE INCORPORATED

## Current Principal Place of Business:

401 JOHNSON LANE  
STE 103  
VENICE, FL 34292 US

## New Principal Place of Business:

401 JOHNSON LANE  
STE 103  
VENICE, FL 34285 US

## Current Mailing Address:

401 JOHNSON LANE  
STE 103  
VENICE, FL 34292 US

## New Mailing Address:

401 JOHNSON LANE  
STE 103  
VENICE, FL 34285 US

FEI Number: 65-0178728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, CHRISTOPHER  
401 JOHNSON LANE  
STE 103  
VENICE, FL 34292 US

## Name and Address of New Registered Agent:

JOHNSON, CHRISTOPHER  
401 JOHNSON LANE  
STE 103  
VENICE, FL 34285 US

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:

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JOHNSON, CHRISTOPHER,  
Address: 401 JOHNSON LANE, STE 103  
City-St-Zip: VENICE, FL 34292

Title: V ( ) Delete  
Name: JOHNSON, LINDA K  
Address: 401 BAYSHORE DR  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: JOHNSON, LINDA K  
Address: 401 JOHNSON LANE, SUITE 103  
City-St-Zip: VENICE, FL 34285

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: LINDA K JOHNSON

VP

04/07/2004

Electronic Signature of Signing Officer or Director

Date