

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000076034



1. Entity Name
JOHNNY CARL SERVICES, CORP.

Principal Place of Business
1990 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US

Mailing Address
1990 E. OSCEOLA PARKWAY
KISSIMMEE, FL 34743 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030861	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JOHN V
508 VILLA DEL SOL CIRCLE
APT 201
ORLANDO, FL 32824

**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 _____

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, 2005 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	PSD VARGAS, JOHN V 508 VILLA DEL SOL CRICLE, #201 ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOMEZ, GLORIA E 508 VILLA DEL SOL CRICLE, #201 ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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01/19/05-80049-022 150.00

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN VARGAS

01-14-05 4033440003

Date

Daytime Phone #