

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90003 046 \*\*\*150.00

**DOCUMENT # P01000079362**  
 1. Entity Name  
**JOHN AND COMPANY, P.A.**



Principal Place of Business      Mailing Address  
 2331 N ST RD 7      2331 N ST RD 7  
 STE 214-B      STE 214-B  
 LAUDERHILL FL 33313      LAUDERHILL FL 33313



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1133107**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 JOHN, DAVE  
 570 S.W. 31 AVE  
 FT LAUDERDALE FL 33312

**7. Name and Address of New Registered Agent**  
 Name: DAVE JOHN  
 Street Address (P.O. Box Number is Not Acceptable)  
2331 N STRD 7, STE 214-B  
 City LAUDERHILL      FL      Zip Code 33313

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: Dave John      DATE: 1/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	O	<input type="checkbox"/> Delete
NAME	JOHN, DAVE	
STREET ADDRESS	570 SW 31 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, DAVE	
STREET ADDRESS	2331 NORTH STATE RD 7, STE 214-B	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dave John      DATE: 1/28/04      DAYTIME PHONE #: 954 735 8850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR