


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90120 033 ***150.00

DOCUMENT # P01000079362

1. Entity Name
JOHN AND COMPANY, P.A.



Principal Place of Business Mailing Address

**2331 N ST RD 7
 STE 214-B
 LAUDERHILL FL 33313**

**2331 N ST RD 7
 STE 214-B
 LAUDERHILL FL 33313**

20027518



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

4000 North State Rd 7 **4000 North State Rd 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 402 **Ste 402**

City & State City & State

Lauderdale Lakes **Lauderdale Lakes**

Zip Country Zip Country

33319 **USA** **33319** **USA**

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
 2331 N SR 7
 STE. 214-B
 FORT LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

Name **DAVE JOHN**

Street Address (P.O. Box Number is Not Acceptable)

4000 NORTH STATE RD 7, STE 402

City **LAUDERDALE LAKES** FL Zip Code **33319**

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: 4/1/05

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, 2005 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 checked="" type="checkbox"/> Delete
NAME	JOHN, DAVE	
STREET ADDRESS	2331 NORTH SR 7, STE. 214-B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
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	DAVE JOHN	
STREET ADDRESS	4000 NORTH STATE RD 7, STE 402	
CITY-ST-ZIP	Lauderdale Lakes FL 33319	
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: 4/1/05 DAYTIME PHONE #: 954 735 8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #