


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000089985	
1. Entity Name BIG JOHNSON CONSULTING CORPORATION	

Principal Place of Business 4425 46TH AVE. S. ST. PETERSBURG, FL 33711	Mailing Address 4425 46TH AVE. S. ST. PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



08012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743858	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, CHARLES E 4425 46TH AVE. S. ST. PETERSBURG, FL 33711

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000170688 08/23/04-80006-003 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. JOHNSON, CHARLES E PRES. 4425 46TH. AVE SOUTH ST. PETERSBURG, FL 33711
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 E. Johnson	18 August 2004 (727) 4586560
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>