2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000091362

1. Entity Name

JOHNSON FAMILY VENTURES, INC.



Mailing Address

Principal Place of Business 1621 SOUTH OLD DIXIE HWY BUNNELL, FL 32110

1621 SOUTH OLD DIXIE HWY BUNNELL, FL 32110

FILED Jan 28, 2004 08:00 AM Secretary of State



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number	Applied For
59-6753509	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JILL 1621 SOUTH OLD DIXIE HIGHWAY BUNNELL, FL 32110

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BUNNELL	, FL 32110	IN THIS SPACE
	named entity submits this statement for the purpose of changing its registions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title (I applicable. (NOTE Registered agent and title (I applicable.)	ered Agent signature required when reinstisting) DATE
	E NOWIII FEE IS \$150.80 ay 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio	+0.00 ((0) 00
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JILL 1621 SOUTH OLD DIXIE HIGHWAY BUNNELL, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS ONY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS GRY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
 12. I hereby of indicated 	certify that the information supplied with this filling does not qualify for the e. I on this report or supplemental report is true and accurate and that my sign	xemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath, that I am an officer or director

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:

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-64

445-7671

Daytime Phone #