

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 009 ***150.00

DOCUMENT # P02000048542

1. Entity Name
GENE JOHNSON, INC.



Principal Place of Business
**4 MILTON ST
ST AUGUSTINE, FL 32804**

Mailing Address
**4 MILTON ST
ST AUGUSTINE, FL 32804**

34000670



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0596565

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNLAP, III, LUTHER D
4 MILTON ST
SAINT AUGUSTINE, FL 32084**

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CMO ☐ Delete
NAME DUNLAP, III, LUTHER D
STREET ADDRESS 4 MILTON ST
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE CTO ☐ Delete
NAME BEASON, SCOTT M
STREET ADDRESS 2352 COMMODORES BLVD
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE CEO ☐ Delete
NAME LAMERS, SUSANNA
STREET ADDRESS 311 HALE DR
CITY-ST-ZIP THIBODAU, LA 70301

TITLE CTA ☐ Delete
NAME COMPTON, ROBERT
STREET ADDRESS 9318 NE 128TH LANE
CITY-ST-ZIP KIRKLAND, WA 98034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **CTO**
STREET ADDRESS **BEASON, SCOTT M**
CITY-ST-ZIP **3178 J. HAYNES DR.**
GAINESVILLE, GA 30506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2004 9046260590

Date

Daytime Phone #