

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-04-2004 90135 036 \*\*\*150.00

**DOCUMENT # P02000058412**

1. Entity Name  
**PANDO JOHNSON, INC.**



Principal Place of Business  
**6710 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**6710 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 32920**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3055573**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, DOROTHY  
3202 BUCKINGHAM LANE  
COCOA, FL 32926**

**DO NOT WRITE  
IN THIS SPACE**

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 **D**  
NAME **STREEFKERK, PAMELA**  
STREET ADDRESS **305 PIERCE AVE**  
CITY - ST - ZIP **CAPE CANAVERAL, FL 32920**  
*SAME PERSON AS  
BELOW BUT NOW  
MARRIED*

TITLE **P**  
NAME **JOHNSON, DOROTHY**  
STREET ADDRESS **3202 BUCKINGHAM LANE**  
CITY - ST - ZIP **COCOA, FL 32926**

TITLE **D**  
NAME **STREEFKERK-JOHNSON, PAMELA**  
STREET ADDRESS **784 BAYVIEW DRIVE**  
CITY - ST - ZIP **CAPE CANAVERAL, FL 32920**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

**RECEIVED**

**APR 15 2004**

**REVENUE  
DBPR**

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

**DOROTHY M. JOHNSON**

Date

Daytime Phone #

**321-868-0088**