

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90101 026 \*\*\*158.75

**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**

**50028525**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3055573</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**JOHNSON, DOROTHY  
3202 BUCKINGHAM LANE *FALCON BLVD*  
COCOA, FL ~~32920~~ *32927***

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JOHNSON, DOROTHY 3202 BUCKINGHAM LANE <i>5370 FALCON BLVD</i> COCOA, FL <del>32920</del> <i>32927</i></b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D STREEFKERK-JOHNSON, PAMELA 784 BAYVIEW DRIVE CAPE CANAVERAL, FL 32920</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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]* **DOROTHY MAY JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03.15.05** **321-4328614**  
Date Daytime Phone #