2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000087785

WHITFIELD & JOHNSON ASSET MANAGEMENT, INC.



Principal Place of Business

2813 HIAWASSEE RD

304

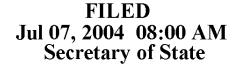
ORLANDO, FL 32835

Mailing Address

2813 HIAWASSEE RD

304

ORLANDO, FL 32835





DO	NOT	WRITE	IN THIS	SPACE
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07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1025412

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID P 2813 HIAWASSEE RD 304

ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

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. 1 am familiar with, and acceptable	ept
the obligations of registered agent.	

SIGNATURE.

NAME

TITLE

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. TITLE JOHNSON, DAVID 3148 BLAKEFORD DRIVE STREET ADDRESS WINDERMERE, FL 34786 CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE

U00000163577 07/07/04-80008-007 150.00

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director refusitee dispowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all address, with all other like empowered. 12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver. changed, or on an attachment

SIGNATURE:

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

Cavime Phone #