
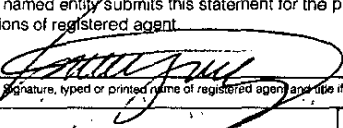
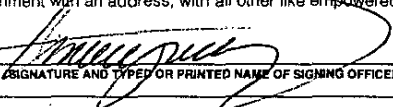


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90378 040 ***150.00

DOCUMENT # P03000035351					
1. Entity Name TOMJOHN INCORPORATED					
Principal Place of Business 1526 E. AVE. PANAMA CITY, FL 32405			Mailing Address 1526 E. AVE. PANAMA CITY, FL 32405		
2. Principal Place of Business 1526 N. East Ave Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Panama City FL		City & State		4. FEI Number 41-2100171	
Zip 32405		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, TOMMY 1526 E. AVE. PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name: Tommy Nguyen Street Address (P.O. Box Number is Not Acceptable): 1526 N. East Avenue City: Panama City FL Zip Code: 32405		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME NGUYEN, TOMMY STREET ADDRESS 1526 E. AVE. CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE DPS NAME NGUYEN TOMMY STREET ADDRESS 1526 N. East Avenue CITY-ST-ZIP Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NGUYEN, JOHNNY K STREET ADDRESS 1526 E. AVE. CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE DVP NAME NGUYEN JOHNNY K. STREET ADDRESS 1526 N. East Avenue CITY-ST-ZIP Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 4/26/04 Daytime Phone #		