## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2004 8:00 am Secretary of State DOCUMENT # P03000064824 02-13-2004 90009 019 \*\*\*150 00 JOHNSON POOL & DECK RESUFACING, INC. Principal Place of Business Mailing Address 9547 VIA SEGOVIA 9547 VIA SEGOVIA **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** Principal Place of Business 2. Principal Place of Business 9547 VIA SEGOVIA Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) 4. FEI Number Applied For 4511 91 42 I Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, MARC A Street Address (P.O. Box Number is Not Acceptable) 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 Zip Code 8. The above named entity submits this statement for the \*\* of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of ro-18-20 Signature, typed or printed name of registered as and title if applicable DATE / (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, П After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE President Vice President TITLE ☐ Delete NAME JOHNSON, MARC A NAME Laura Johnson STREET ADDRESS 9547 VIA SEGOVIA STREET ADDRESS Same CITY-ST-ZIP NEW PORT RICHEY, FL 34655 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 addless, with all other like empowered. SIGNATURE:

FILED

Daytime Phone #