


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90043 028 ***150.00

DOCUMENT # P03000067226	
1. Entity Name JOHNSON TRANSPORT INC.	

Principal Place of Business 244 SHOPPING AVE PMB 141 SARASOTA FL 34237	Mailing Address 244 SHOPPING AVE PMB 141 SARASOTA FL 34237
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2. Principal Place of Business 4052 SAN LUIS DR Suite, Apt. #, etc.	3. Mailing Address PMB 141 - 244 Shopping Ave Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA FL	4. FEI Number 30-0178597	Applied For <input type="checkbox"/> Not Applicable
Zip 34235	Country SARASOTA	Zip 34237	Country SARASOTA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JOHNSON, REGINALD D 244 SHOPPING AVE PMB 141 SARASOTA FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Reginald D. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE **3-15-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, REGINALD D		NAME Phyllis C. Johnson	
STREET ADDRESS 244 SHOPPING AVE PMB 141		STREET ADDRESS PMB 141 - 244 Shopping Ave	
CITY-ST-ZIP SARASOTA FL 34237		CITY-ST-ZIP SARASOTA FL 34237	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other like empowered.

SIGNATURE: *Reginald D. Johnson* **Reginald D. Johnson** **03-15-04** **941351-2335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #