


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91049 001 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P03000079161 | |  |
| 1. Entity Name JOHNS BY JOHN II INCORPORATED | | |
| Principal Place of Business 4169 LAMSON AVE. SPRING HILL, FL 34608 | | Mailing Address 4169 LAMSON AVE. SPRING HILL, FL 34608 |



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|--|----------------------------|--|----------------------------|
| 2. Principal Place of Business 4169 Lamson Ave | | 3. Mailing Address 4169 Lamson Ave | |
| Suite, Apt. #, etc. 206 | | Suite, Apt. #, etc. 206 | |
| City & State Spring Hill, FL | | City & State Spring Hill, FL | |
| Zip 34608 | Country Hernando | Zip 34608 | Country Hernando |

04192004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 03-05235-62 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CRESCENZO, ANTHONY R 4169 LAMSON AVE SPRING HILL, FL 34608 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City FL Zip Code | |

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, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CRESCENZO, ANTHONY R 4169 LAMSON AVE SPRING HILL, FL 34608 <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 | VP MCALLISTER, JAMISON 8298 MAZETTE RD BROOKSVILLE, FL 34613 <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 | V RITTER, SHERRI 11474 FINCH RD. BROOKSVILLE, FL 34613 <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 |
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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: *X Anthony Crescenzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #