

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90036 023 \*\*\*150.00

**DOCUMENT # P03000079161**

1. Entity Name  
**JOHNS BY JOHN II INCORPORATED**



Principal Place of Business  
**4169 LAMSON AVE., #206  
SPRING HILL, FL 34608**

Mailing Address  
**4169 LAMSON AVE., #206  
SPRING HILL, FL 34608**

**50015878**



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0523562**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CRESCENZO, ANTHONY R  
4169 LAMSON AVE  
SPRING HILL, FL 34608**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
CRESCENZO, ANTHONY R  
4169 LAMSON AVE  
SPRING HILL, FL 34608**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
MCALLISTER, JAMISON  
8298 MAZETTE RD  
BROOKSVILLE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
RITTER, SHERRI  
11474 FINCH RD.  
BROOKSVILLE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing do  
indicated on this report or supplemental report is true and acc  
of the corporation or the receiver or trustee empowered to ex  
changed, or on an attachment with an address, with all other li

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
and that my signature shall have the same legal effect as if made under oath; that I am an officer or director  
this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if  
powered.

**SIGNATURE:** *Anthony Crescenzo*  
SIGNATURE AND TYPED OR PRINTED NAME OF

OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-11-05* *352*  
*585-6480*