


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90026 020 ***150.00

DOCUMENT # P03000135344	
1. Entity Name DAVID W. JOHNSON, INC.	

Principal Place of Business 29 S. WASHINGTON ST. BEVERLY HILLS FL 34465	Mailing Address 29 S. WASHINGTON ST. BEVERLY HILLS FL 34465
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54002531



MOORE CR2E034 (11/03)

2. Principal Place of Business 29 South Washington St	3. Mailing Address 29 South Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

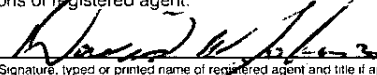
City & State Beverly Hills FL	City & State Beverly Hills	4. FEI Number 20-0410949	Applied For <input type="checkbox"/>
Zip 34465	Country USA	Zip FL	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, DAVID W 29 S. WASHINGTON ST. BEVERLY HILLS FL 34465	
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7. Name and Address of New Registered Agent	
Name DAVID W JOHNSON INC	
Street Address (P.O. Box Number is Not Acceptable) 29 South Washington St	
City Beverly Hills	FL Zip Code 34465

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  **DAVID W. JOHNSON** **PRESIDENT** **1-30-04**
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
Make Check Payable to Florida Department of State

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 JOHNSON, DAVID W 29 S. WASHINGTON ST. BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, SHARON 29 S. WASHINGTON ST. BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SHARON JOHNSON** **1-30-04** **352-527-0531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #