2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 24, 2005 8:00 am Secretary of State

DOCUMENT # P04000075909 1. Entity Name ROBERT P. JOHNSON, P.A.						03-24-2005 9	0036 039 ***15	0.00
Principal Place of Business Mailing Address						1		
9430 POINCIANNA PL #104 Ft Lauderdale, Fl 33324		9430 POINCIANNA PL #104 Ft Lauderdale, Fl 33324						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc			02112005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe	133142		pplied For ot Applicable
Zip	Country	Zip	Coun	try - +	5. Certificate	of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered Agent	
JOHNSON, ROBERT P				Name				
9430 POINCIANNA PL #104 FT LAUDERDALE, FL 33324			•	Street Address (P.O. Box Number is Not Acceptable)				
FI LAUDENDALE, FL 35524								
	•			City			FL Zip Coo	ie .
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								
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.					00 May Be ed to Fees			:
10.					ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE NAME	D JOHNSON, ROBERT P	☐ Delete	TITL NAM				Change	☐ Addition
STREET ADDRESS	9430 POINCIANNA PL #104			ET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 33324			-ST-ZIP			☐ Change	☐ Addition
TITLE NAME		☐ Delete	MAM	į.			Change	
STREET ADDRESS CITY+ST-ZIP				et address -st-zip				
TITLE		☐ Delete	TITL				☐ Change	Addition.
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP				
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NAME STREET ADDRESS			NAM STRE	E Et address				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITL	1			Change	☐ Addition
NAME STREET ADDRESS		•	NAM	ET ADORESS				
CITY-ST-ZIP			СПУ	-ST-ZIP				
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STREET ADDRESS		•	STRE	ET ADDRESS]
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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 eath; 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.								