2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P93000029313** Entity Name R. A. JOHNSON ENTERPRISES, INC. Principal Place of Business Mailing Address 5857 HAINES RD 2600 E BAY ISLE DR SE ST PETERSBURG, FL 33714 ST PETERSBURG, FL 33705 US 04122004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3178651 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, RICHARD A DO NOT WRITE 2600 E BAY ISLE DR SE ST PETERSBURG, FL 33705 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 reinstitling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D BRE JOHNSON, RICHARD A NAME 2600 E BAY ISLE DRISE STREET ADDRESS ST PETERSBURG, FL CSTY-ST-7/2 TITLE MAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP

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 trueled information of the receiver or trueled information of the corporation or the receiver or trueled information of the corporation or the receiver of the corporation or the receiver or trueled information of the corporation or the receiver of the corporation or an attachment with an adoress with all other like expressed.

Davima Phone #

DOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE