2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90145 033 ***150.00

DOCUMENT # P93000075085
1. Entity Name
JOHNS, BUCKALEW & JOHNS, P.A.

Principal Place of Business	Mailing Address
2951 STATE RD 520 COCOA, FL 32926 US	2951 STATE RD 520 COCOA, FL 32926 US

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
660 Cox Rd; ~~Suite 6~~	Same As ←
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.
City & State: Cocoa FL	City & State
Zip: 32926 Country	Zip Country

4. FEI Number: 59-3208135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, CARL E JR
~~2951 STATE RD 520~~
~~COCOA, FL 32926~~
Change address to →

7. Name and Address of New Registered Agent

Name: Johns, Carl E. Jr.
Street Address (P.O. Box Number is Not Acceptable): 660 Cox Rd; Suite 6
City: Cocoa FL Zip Code: 32926

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] 3-7-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	PSD ☑ Change ☐ Addition
NAME	JOHNS, CARL E JR		NAME	Johns, Carl E Jr.
STREET ADDRESS	~~2951 STATE RD 520~~	Change Address to →	STREET ADDRESS	660 Cox Rd; suite 6
CITY-ST-ZIP	~~COCOA, FL 32926~~		CITY-ST-ZIP	Cocoa, FL 32926
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Carl E. Johns Jr. 3-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #