


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000085799	
1. Entity Name ROBERT KOOP JOHNSON, P.A.	

Principal Place of Business 1170-3RD ST. S. SUITE B-205 NAPLES, FL 34102-7062 US	Mailing Address 1170-3RD ST. S SUITE B-205 NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0537732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, ROBERT K 1170-3RD ST. S SUITE B-205 NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>DO NOT WRITE IN THIS SPACE</p> <p>U00000052899 02/16/04-80110-011 150.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT K. 1170-3RD ST., S. SUITE B-205 NAPLES, FL 34102	
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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 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: 	Date: 2/11/04	Daytime Phone #: 239-649-5510
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		