## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000021807

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

## FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Name THE FUTURE CARD, INC.						
Principal Place of Business 401 JOHNSON LN 102 VENICE, FL 34285 US	Mailing Address 401 JOHNSON LN 102 VENICE, FL 34285 US	,	L LOCKINSKY (UR 1670) CHIN CENN CENN CENN CENN			<b>{{{</b> }
DO NOT WRITE IN THIS SPACE			04112005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For 65-0565992   Not Applie			plicable
6. Name and Address of C	surrent Recistered Anent		5. Certificate of Status Desired		\$8.75 Addition Fee Required	ia!
HOLLAND & KNIGHT 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602	arrott registered syen.		DO NOT WRITE IN THIS SPACE			
the obligations of registered agent.	ment for the purpose of changing its registered	office or register	ed agent, or both, in the State of Florid	da, Lan	n lamiliar with, and	accept
SIGNATURE Signature, typed or printed name of register	ed agent and little if applicable (NOTE Registered A	Agent signature required	when reinstating)	DATE		

9. Election Campaign Financing

Trust Fund Contribution.

10.	OFFICERS AND DIRECTORS		
TITLE	DP	,	
NAME	JOHNSON, ROBERT I		
STREET ADDRESS	401 JOHNSON LANE, SUITE 102		
CITY-ST-ZIP	VENICE, FL 34285		

U00000313647 04/18/05-80133-005 150.00

TITLE JOHNSON, CHRISTOPHER I NAME STREET ADDRESS 401 JOHNSON LANE, SUITE 102 CITY - ST - ZIP VENICE, FL 34285 DVP TITLE JEFFREY P. JOHNSON NAME 401 JOHNSON LN STE 102 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

**\$5.00** May Be

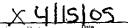
Added to Fees

12. I hereby certify that the information supplied with this filing does not gualify 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 of 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.

SIGNATUREX

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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