


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P95000021807 1. Entity Name THE FUTURE CARD, INC.	
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Principal Place of Business 401 JOHNSON LN 102 VENICE, FL 34285 US	Mailing Address 401 JOHNSON LN 102 VENICE, FL 34285 US
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0565992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLAND & KNIGHT 400 N ASHLEY DRIVE SUITE 2300 TAMPA, FL 33602
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ROBERT I 401 JOHNSON LANE, SUITE 102 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, CHRISTOPHER I 401 JOHNSON LANE, SUITE 102 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JEFFREY P. JOHNSON 401 JOHNSON LN STE 102 VENICE, FL 34285
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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)(f), 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: Chris Johnson X 4/15/05 X 9414881158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #