2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

| DOCUMENT # P96000041570 1. Entity Name JOHANSON DMS, INC. | | | | 04 90013 031 ***150.00 |
|--|---|--|--|--|
| Principal Place of Business | Mailing Address | | 1 | |
| 1166 KEY LARGO CIRCLE PORT ORANGE, FL 32124 | 1166 KEY LARGO CIRCL PORT ORANGE, FL 321 | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 02232004 Chg-P | CR2E034 (10/03) |
| City & State | City & State | | 4. FEI Number 59-3384016 | Applied For Not Applicable |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | Name | 7. Name and Address of New | Registered Agent |
| JOHANSON, HAROLD G 1166 KEY LARGO CIRCLE | | | (P.O. Box Number is Not Acceptab | le) |
| PORT ORANGE, FL 32124 | • | | | |
| | | City | | FL Zip Code |
| 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 | | | | |
| FILE NOW!!! FEE IS \$1 | 50.00 9. Election Campa | sign Financing \$5 tribution. 하는 다 모양하다 | ged to Eees), alt is se, alt it instrint, ar | Stratish to our bagging the |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 9. Election Campaign Financing 12 STrust Fund Contribution and the State 13 STRUST Fund Contribution and the State 14 STRUST Fund Contribution and the State 15 STRUST Fund Contribution and the State 16 STRUST Fund Contribution and the State 17 STRUST Fund Contribution and the State 18 STRUST Fund Contribution and the State 19 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and the State 11 STRUST Fund Contribution and the State 11 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and the State 11 STRUST Fund Contribution and the State 11 STRUST Fund Contribution and the State 12 STRUST Fund Contribution and the State 13 STRUST Fund Contribution and the State 14 STRUST Fund Contribution and the State 15 STRUST Fund Contribution and the State 16 STRUST Fund Contribution and the State 17 STRUST Fund Contribution and the State 18 STRUST Fund Contribution and the State 19 STRUST Fund Contribution and the State 10 STRUST Fund Contribution and | | | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 11 |
| TITLE TYPE PTD | Delete | TITLE 4 AIR | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Change ☐ Addition |
| NAME JOHANSON, HAROLI STREET ADDRESS 1166 KEY LARGO CIR | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP PORT ORANGE, FL | | CITY-ST-ZIP | | |
| TITLE SD | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| NAME JOHANSON, ELEANO STREET ADDRESS 1166 KEY LARGO CIF | | STREET ADDRESS | | |
| CITY-ST-ZIP PORT ORANGE, FL | | CITY-ST-ZIP | | |
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| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | |
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| - CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE, NAME | ☐ Delete | TITLE NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | STREET ADDRESS | | Desta Carra |
| 12. I hereby certify that the information | supplied with this filing does not qualify to | | Section 119.07(3)(i), Florida Statutes | أع بروس بيان برو يستهيده وين بيند البيان المستقد السابسيات الساب |
| 12. Thereby 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 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: | AND TYPED ON PRINTED NAME OF SIGNING OFFICE | R OR DIRECTOR | 3/3/04 Date | 386-763-0207 Daytime Phone # |
| E. L. JOHANSON, V. P. | | | | |