

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90053 015 ***158.75

DOCUMENT # P96000050009

1. Entity Name

VERONICA JOHNSON, INC.



Principal Place of Business

671 BELL BLVD
LEHIGH ACRES FL 33936
US

Mailing Address

P O BOX 1535
LEHIGH ACRES FL 33970
US

2. Principal Place of Business

671 Bell Blvd

3. Mailing Address

P.O. BOX 1535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh FL

City & State

Lehigh FL

Zip

33936

Country

Lee

Zip

33970

Country

Lee

4. FEI Number

65-0679125

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, VERONICA
13208 HAMPTON PARK CT
FORT MYERS FL 33913-7809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDCM ☐ Delete
NAME JOHNSON, VERONICA
STREET ADDRESS 13208 HAMPTON PK CT
CITY-ST-ZIP FORT MYERS FL 33913-7809

TITLE TS ☐ Delete
NAME STEWART, DOREEN
STREET ADDRESS 3407 WINKLER AVE, APT 312
CITY-ST-ZIP FORT MYERS FL 33916

TITLE V ☐ Delete
NAME BONILLA, CLARICE
STREET ADDRESS 389 LILLIAN AVE, 2ND FLOOR
CITY-ST-ZIP SYRACUSE NY 13206

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Veronica Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #