


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**


02-24-2004 90022 032 \*\*\*150.00

<b>DOCUMENT # P96000080195</b>	
<b>1. Entity Name</b> THE JOHNNY COWART AGENCY, INC.	

<b>Principal Place of Business</b> 7583 PHILIPS HWY S 203 JACKSONVILLE FL 32256	<b>Mailing Address</b> 7583 PHILIPS HWY S 203 JACKSONVILLE FL 32256
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<b>2. Principal Place of Business</b> 7563 Philips Hwy Suite, Apt. #, etc. Suite 203	<b>3. Mailing Address</b> 7563 Philips Hwy Suite, Apt. #, etc. Suite 203
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<b>City &amp; State</b> JACKSONVILLE FL	<b>City &amp; State</b> JACKSONVILLE FL
<b>Zip</b> 32256	<b>Zip</b> 32256
<b>Country</b> usa	<b>Country</b> usa

	
<b>MOORE</b>	<b>CR2E034 (11/03)</b>
<b>4. FEI Number</b> 59-3402124	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  COWART, JOHNNY G 11989 MARBON MEADOWS DR JACKSONVILLE FL 32223	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete COWART, JOHNNY 7583 PHILIPS HWY S 203 JACKSONVILLE FL	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **2-18-04** **904 332 0872**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #