2004 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

7in

Suite, Apt. #, etc.

6511 S.W. 15TH COURT

POMPANO BEACH FL 33068

ANNUAL REPORT (AR) DOCUMENT # P96000081356

1. Entity Name

GAIL ELLIS JOHNSON P.A.

Principal Place of Business

6511 S.W. 15TH COURT

POMPANO BEACH FL 33068

2. Principal Place of Business

Suite, Apt. #, etc.

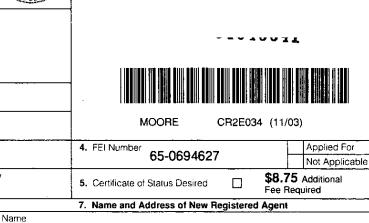
City & State

Zip



FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90274 043 ***150.00



WOOD, THEODORE P 6511 S.W. 15TH COURT POMPANO BEACH FL 33068 City Zip Code

Country

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 \$150.00

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

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

\$5.00 May Be Added to Fees

After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition JOHNSON, GAIL E NAME NAME 6511 S.W. 15TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33068 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition PARZINI, LISA MARIE NAME NAME STREET ADDRESS 3805 O'BERRY RD STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP Delete_ __ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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 at 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 er

SIGNATURE:

Date

Daytime Phone #