

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90001 030 ***150.00

DOCUMENT # P97000091670

1. Entity Name
JOHNNY JAMES, INC.



Principal Place of Business
**7415 NW 44 ST
#1412
LAUDERHILL, FL 33319**

Mailing Address
**7415 NW 44 ST
#1412
LAUDERHILL, FL 33319**

54070571



08262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0795852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, JOHNNY
7415 NW 44TH ST #1412
LAUDERHILL, FL 33379**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

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
JAMES, JOHNNY
7415 NW 44TH ST #1412
FT. LAUDERDALE, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
54070571

SCOTT H. LUTWAK, C.P.A.
Certified Public Accountant
1166 W. NEWPORT CENTER DRIVE - SUITE 114
DEERFIELD BEACH, FL 33442
(954) 426-4480

August 26, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Johnny James, Inc.
P97000091670

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client never received the first UBR notice, and accordingly we request that the late fee be abated. Enclosed herewith please find my client's check for \$150.00.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Scott H. Lutwak

SHL/gg