2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000024116

. Entity Name

R.A. JOHNSON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

6114 WOOD LAKE ROAD RIPITER, FL. 33458 6114 WOOD LAKE ROAD JUPITER, FL 33458

FILED Jan 09, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0904339 Not Applicable

5. Certificate of Status Desired

01072004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT A
6114 WOOD LAKE ROAD

DO NOT WRITE IN THIS SPACE

No Chg-P

JUPITER, FL 33458			IN THIS SPACE		
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finant Trust Fund Contribution. 	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT A 6114 WOOD LAKE ROAD JUPITER, FL 33458				
RTLE NAME STREET ADDRESS OXTY-ST-ZIP					000000001522 01/12/04-80014-802 150.00
NTLE HAME STREET ADDRESS CRY-ST-ZP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS SITY-ST-ZP					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this file on this report or supplemental report is true a	ling does not qualify for the exer	notion state	ed in Section 119.07(3)	(I), Florida Statutes. I further certify that the information or as if made under path; that I am an officer or director

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:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-7-2004

561-747-9616

Daylime Phone *