

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 043 ***150.00

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04062005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000034397 1. Entity Name STEVEN W. JOHNSON, P.A.					
Principal Place of Business 100 S BUMBY AVE, STE. B ORLANDO, FL 32803 US			Mailing Address 100 S BUMBY AVE, STE. B ORLANDO, FL 32803 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3569584			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, STEVEN W 100 S BUMBY AVE, STE. B ORLANDO, FL 32803				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, STEVEN W 100 S BUMBY AVE, STE. B ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/30/05 Daytime Phone # 407 895-5399		

ATTACHMENT
Steven W. Johnson, P.A.
Attorney At Law

#P9900003433)

26659256

100 S. Bumby Avenue
Suite B
Orlando, Florida 32803

Telephone (407) 895-5389
Fax (407) 895-6435

April 30, 2005

Please waive the \$400 penalty —
I did not receive the renewal
notice.

Thanks,

A handwritten signature in black ink, appearing to be 'SWJ', followed by a long horizontal line extending to the right.