

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000043398

1. Entity Name
JOHNSON ORTHODONTICS, P.A.



Principal Place of Business
25 PINE CONE DR., SUITE 1
PALM COAST, FL 32164

Mailing Address
25 PINE CONE DR., SUITE 1
PALM COAST, FL 32164



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, PAUL D
25 PINE CONE DR., SUITE 1
SUITE 1
PALM COAST, FL 32164

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000019187
01/29/04-80016-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, PAUL D
25 PINE CONE DR., SUITE 1
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
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

Paul Johnson

1-21-04
Date

(326)
445-7671
Daytime Phone #