

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000057966

1. Entity Name
IDA V. JOHNSON, INC.



Principal Place of Business
340 U.S. HWY. 27/441
LADY LAKE, FL 32158

Mailing Address
340 U.S. HWY. 27/441
LADY LAKE, FL 32158

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3584263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRETT L. SWIGERT, P.A.
531 NORTH BAY STREET
EUSTIS, FL

**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 \$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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, IDA V
17949 SE 158TH CT
WEIRSDALE, FL 32195

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, JOHNSON H
17949 SE 158TH CT
WEIRSDALE, FL 32195

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000014420
01/27/04-80021-013 150.00

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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:

IDA V. JOHNSON, INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04352-753-3533
Date Daytime Phone #