2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 02, 2004 08:00 AM DOCUMENT # V00263 **Secretary of State** 1. Entity Name R.L. JOHNSON PLUMBING COMPANY, INC. Mailing Address Principal Place of Business 14403 N MAIN ST 14403 N MAIN ST JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apř. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3101313 Not Applicable $Z_{(0)}$ Country $\mathbf{Z}_{i}\mathbf{p}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, RONNIE L. Street Address (P.O. Box Number is Not Acceptable) 14403 N MAIN ST JACKSONVILLE FL 32218 Zip Code City 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, typod or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition DP BILE Delete TITLE U00000029632 02/04/04-80074-008 150.00 JOHNSON, RONNIE L NAME NAME 14403 N MAIN ST STREET ADDRESS STREET ADDRESS COY-ST-DY JACKSONVILLE FL CITY - ST- ZIP ☐ Change ☐ Addition TITLE ☐ Belete T373 F NAME NAME STREET ADDRESS STREET ADDRESS (3) - 12 - YEL CITY-ST- DP ☐ Delele TITLE ☐ Change Addition सरा ह NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP Change ☐ Addition TITLE Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addille Delete TITLE TMSM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED

1-29-04 (904) 251-1380