


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V00263 1. Entity Name R.L. JOHNSON PLUMBING COMPANY, INC.																													
Principal Place of Business 14403 N MAIN ST JACKSONVILLE FL 32218			Mailing Address 14403 N MAIN ST JACKSONVILLE FL 32218																										
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-3101313 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, RONNIE L. 14403 N MAIN ST JACKSONVILLE FL 32218																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, RONNIE L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14403 N MAIN ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	JOHNSON, RONNIE L	<input type="checkbox"/>	STREET ADDRESS	14403 N MAIN ST		CITY - ST - ZIP	JACKSONVILLE FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>U000000029632</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/04/04-80074-008 150.00</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	U000000029632	<input type="checkbox"/>	STREET ADDRESS	02/04/04-80074-008 150.00	<input type="checkbox"/>	CITY - ST - ZIP		
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