

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90345 007 \*\*\*150.00

DOCUMENT # V25841

1. Entity Name

ALBERT E. JOHNSON, INC.



Principal Place of Business

2328 TENTH AVENUE NORTH  
SUITE 202  
LAKE WORTH FL 33461  
US

Mailing Address

27301 OLD TRILBY RD.  
BROOKSVILLE FL 34602

14001607



MOORE

CR2E034 (11/03)

2. Principal Place of Business

75 NORTHWEST 1st AVENUE

Suite, Apt. #, etc.

SUITE 102

3. Mailing Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

City & State

Zip

Country

4. FEI Number

65-0319667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORNE, PATRICIA E.  
2328 TENTH AVENUE NORTH  
SUITE 202  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

THORNE, PATRICIA E.

Street Address (P.O. Box Number is Not Acceptable)

75 NORTHWEST 1st AVENUE

SUITE 102

City

DELRAY BEACH

FL

Zip Code

33444

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**

**Make Check Payable to Florida Department of State**

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  
DTS  
JOHNSON, ALBERT E  
27301 OLD TRILBY RD.  
BROOKSVILLE FL 34602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #