

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90035 007 ***150.00

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1. Entity Name
JOHNSON & ST. LAWRENCE, INC.



Principal Place of Business
**250 NORTH HARBOR DRIVE, SUITE 305
 REDONDO BEACH, CA 90277**

Mailing Address
**250 NORTH HARBOR DRIVE, SUITE 305
 REDONDO BEACH, CA 90277**

54064944



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4666051** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C-T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD ST. LAWRENCE, MICHAEL 1019 DIAMOND STREET REDONDO BEACH, CA 90277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, STEVEN 2413 POINTSETTIA AVE. MANHATTAN BEACH, CA 90286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian Lowery 5226 E Appian Way Long Beach, CA 90803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 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: *Michael St. Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04
Date Daytime Phone #