

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 477401

1. Entity Name
JOHNSON & GILBERT, P.A.



Principal Place of Business
170 EAST GRANADA BLVD
ORMOND BEACH FL 32176

Mailing Address
170 EAST GRANADA BLVD
ORMOND BEACH FL 32176



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1593905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, FRANK
170 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

**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 Frank Johnson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000782923
01/15/08-80091-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
JOHNSON, FRANK
170 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Frank Johnson 1/7/08 386-673-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #