

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90433 029 ***150.00

DOCUMENT # P05000165321 1. Entity Name JOHNNY JOHNSON, JR. AND ALEX J. JOHNSON, P.A.																																																																																																																													
Principal Place of Business 3840 TAMPA ROAD PALM HARBOR, FL 34684			Mailing Address 3840 TAMPA ROAD PALM HARBOR, FL 34684																																																																																																																										
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Zip		Country		Zip																																																																																																																									
4. FEI Number 20-3100600																																																																																																																													
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent JOHNSON, JOHNNY JR. 3840 TAMPA ROAD PALM HARBOR, FL 34684			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																										
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																													
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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 prior like empowered.																																																																																																																													
SIGNATURE: <u></u> 4/26/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													

66018425



03092006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

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 NIA Signature, typed or printed name of registered agent and title if applicable

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

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