

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000082132

**Entity Name:** NICOLE JOHNSON, INC.

**Current Principal Place of Business:**

14341 PASSAGE WAY  
SEMINOLE, FL 33776

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC5410442050**

**Current Mailing Address:**

14341 PASSAGE WAY  
SEMINOLE, FL 33776 US

**FEI Number: 59-3599973**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSON, LAUREN N  
14341 PASSAGE WAY  
SEMINOLE, FL 33776 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	JOHNSON, LAUREN N	Name	SWANSTON, JOHN
Address	2903 W. STOVALL STREET	Address	710 BYRD CT.
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	CHESAPEAKE VA 23320

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LAUREN NICOLE JOHNSON**

**PRESIDENT**

**05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date