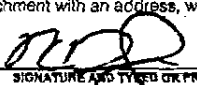


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 116961 1. Entity Name ROBERTSON, JOHNSON WAREHOUSES, INC.				
Principal Place of Business 2600 SHADER ROAD (32804-2724) P O BOX 547900 ORLANDO, FL 32894-7900 US		Mailing Address 2600 SHADER ROAD (32804-2724) P O BOX 547900 ORLANDO, FL 32894-7900 US		
DO NOT WRITE IN THIS SPACE		 01042008 No Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent JOHNSON, THOMAS W. 2600 SHADER ROAD ORLANDO, FL 32804		DO NOT WRITE IN THIS SPACE		
		4. FEI Number 59-0241330		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable		
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 reappointing) DATE				
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		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, THOMAS W. 2600 SHADER RD. ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBERTSON, ROBERT A. JR. 2600 SHADER RD. ORLANDO, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			
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:  Robert A. Robertson, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/05/06 407-293-321 Date Overtime Phone #		