2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 116961

1. Entity Name

ROBERTSON, JOHNSON WAREHOUSES, INC.



Principal Place of Business

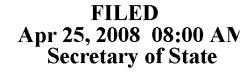
2600 SHADER ROAD (32804-2724)

P 0 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

04172008	No Chg-P	CR2E034 (11/05)

59-0241330

5. Certificate of Status Desired

4. FEI Number

Not Applicable

\$8.75 Additional
Fee Required

Daytime Phone #

Applied For

6. Name and Address of Current Registered Agent

Momes 4

SIGNATURE:

JOHNSON, THOMAS W. 2600 SHADER ROAD ORLANDO, FL 32804

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	*	\$ 1 P	the second of th	
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		, o		and the first of the control of the	
NAME STREET ADDRESS CITY-ST-ZIP			\$.	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	i vina sa	and the second of the second o	
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 obtrustee 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 altachment with an address, with all other like empowered.						

RINTED NAME OF SIGNING OFFICER OR DIRECTOR