

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 010 ***158.75

DOCUMENT # 191245	
1. Entity Name JACK JOHNSON & CO.	

Principal Place of Business 3042 CESERY BLVD. JACKSONVILLE FL 32277 US	Mailing Address 3042 CESERY BLVD. JACKSONVILLE FL 32277 US
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2. Principal Place of Business - No P.O. Box # 3042 CESERY BLVD	3. Mailing Address 3042 Cesery Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32277	Country FL
Country FL	Zip 32277
Country FL	Zip 32277

6. Name and Address of Current Registered Agent JOHNSON, W L 3042 CESSERY BLVD. JACKSONVILLE FL 32277		7. Name and Address of New Registered Agent Name SAME AGENT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title, if applicable. DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, W.L. 3042 CESERY BLVD. JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3042 Cesery Blvd, 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESSE, MILDRED 1545 SOMMERFIELD ROAD JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mildred Desse SD new address - 3042 Cesery Blvd Jacksonville FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W. L. Johnson* **W. L. JOHNSON** **7-16-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #