

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 230524

1. Entity Name
FORT DIVERSIFIED ASSETS, INC.



Principal Place of Business

2134 ANDREA LANE
SUITE D
FT. MYERS, FL 33912 US

Mailing Address

2134 ANDREA LANE
SUITE D
FT. MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0882112

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SAMUEL V
2134 ANDREA LANE
SUITE D
FT. MYERS, FL 33912

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE
03/29/07-80013-021 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/29/07-80013-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, SAMUEL V
STREET ADDRESS 13350 PONDEROSA WAY
CITY-ST-ZIP FT. MYERS, FL 33907

TITLE VTSD
NAME JOHNSON, JERRY
STREET ADDRESS 13101 PONDEROSA WAY
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE D
NAME JOHNSON, JACK
STREET ADDRESS 6896 ERIN MARIE COURT
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #