


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90001 043 \*\*\*150.00

<b>DOCUMENT # 241759</b>	
1. Entity Name <b>JOHNSON'S J &amp; R ENTERPRISES, INC.</b>	

Principal Place of Business <b>2633 SOUTH US 1 FT PIERCE, FL 34982 US</b>	Mailing Address <b>PO BOX 14199 FT PIERCE, FL 34979-4199 US</b>
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2. Principal Place of Business - No P.O. Box # <b>494 Maple Ave</b>	3. Mailing Address <b>P.O. Box 14199</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. Pierce, FL</b>	City & State <b>FT. Pierce, FL</b>
Zip <b>34982</b>	Zip <b>34979</b>
Country <b>ST. Lucie</b>	Country <b>ST. Lucie</b>

401362



09042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-0918174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>JOHNSON, MARY ELLEN 2633 SOUTH US-1 FORT PIERCE, FL 34982</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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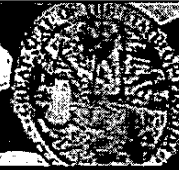
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT JOHNSON, MARY ELLEN 1504 CORONADO AVE. FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS O'QUINN, MARJORIE 1501 CORONADO AVE. FT PIERCE, FL 34982 <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	SDV RITCHIE, MARY ANNE J 1501 CORONADO AVENUE FT PIERCE, FL 34982 <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
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

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: <u>Mary Anne Ritchie, SDV</u>	Date: <u>9-8-07</u>	Deputy Phone #: <u>772-519-1535</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT 40132108

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

Document Number 241759

Business Entity Name JOHNSON'S J & R ENTERPRISES, INC.

Original File Date 11/04/1960

FEI Number 59-0918174

Principal Address 2633 SOUTH US 1  
FT PIERCE, FL 34982 US

Mailing Address PO BOX 14199  
FT PIERCE, FL 349794199 US

Registered Agent JOHNSON, MARY ELLEN  
2633 SOUTH US-1  
FORT PIERCE, FL 34982 US

### Officer/Director Name And Address

PDT  
JOHNSON, MARY ELLEN  
1504 CORONADO AVE.  
FT PIERCE, FL 34982

DAS  
O'QUINN, MARJORIE  
1501 CORONADO AVE.  
FT PIERCE, FL 34982

SDV  
MARY ANNE J RITCHIE  
1501 CORONADO AVENUE  
FT PIERCE, FL 34982

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above

If you need to make