
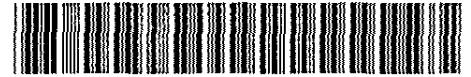


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 344802 1. Entity Name W.G. JOHNSON & SON, INC.		
Principal Place of Business 2430 N.W. 73RD PL GAINESVILLE FL 32606-1214		Mailing Address 2430 N.W. 73RD PL GAINESVILLE FL 32653-1299 US
2. Principal Place of Business - No P.O. Box # 2430 NW 73rd Place	3. Mailing Address SAME	
Suite, Apt. #, etc	Suite, Apt. #, etc.	
City & State Gainesville, FL	City & State	
Zip 32653	Country Alachua	Zip Country
6. Name and Address of Current Registered Agent JOHNSON, W G JR 2430 NW 73RD PL GAINESVILLE FL 32653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>



1st MOORE CR2E034 (10/06)

4. FEI Number 59-1258782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P JOHNSON, W.G. JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2430 NW 73RD PLACE	NAME	U00000612382
STREET ADDRESS	GAINESVILLE FL	SHORT ADDRESS	02/02/07-80104-019 150.00
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VP JOHNSON, W. GLENN III <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2430 NW 73RD PLACE	NAME	
STREET ADDRESS	GAINESVILLE FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	ST JOHNSON, DOROTHY N <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2430 NW 73RD PLACE	NAME	
STREET ADDRESS	GAINESVILLE FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1-29-07 1-352-376-6219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #