


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90034 022 ***150.00

DOCUMENT# 357568 1. Entity Name JOHNSON FLOORING COMPANY, INC.	
---	---

Principal Place of Business 4910 BROADWAY WEST PALM BEACH, FL 33407	Mailing Address 4910 BROADWAY WEST PALM BEACH, FL 33407
---	---

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1285747	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TIMOTHY D WINZELL 4416 FUCHSIA CIR S PALM BEACH GARDENS, FL 33410
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINZELL, TIMOTHY 4416 FUCHSIA CIR. S. PALM BEACH GARDE, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINZELL, NORMA F. 5285 COUNTER PLAY PALM BCH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINZELL, NANETTE 4416 FUCHSIA CIR S. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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	21006 561-8440291 Date Daytime Phone #
---	---