

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Mar 19, 2007 08:00 AM  
Secretary of State

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



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1285747  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WINZELL, TIMOTHY  
STREET ADDRESS 4416 FUCHSIA CIR. S.  
CITY-ST-ZIP PALM BEACH GARDE, FL 33410

TITLE STD  
NAME WINZELL, NORMA F.  
STREET ADDRESS 5285 COUNTER PLAY  
CITY-ST-ZIP PALM BCH GARDENS, FL 33418

TITLE D  
NAME WINZEL, NANETTE  
STREET ADDRESS 4416 FUCHSIA CIR SOUTH  
CITY-ST-ZIP 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

1000000672733  
03/28/07-80081-009 150.00

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 #

3 1407

561-8440291