

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 446128**

1. Entity Name

JOHNNIE JONES PLUMBING CO.



Principal Place of Business

2727-23 AVE. NORTH  
ST. PETERSBURG FL 33713

Mailing Address

2727-23 AVE. NORTH  
ST. PETERSBURG FL 33713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number  
59-1509585

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONASSON, CARL H. SR.  
4369-31 AVENUE NORTH  
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | JONASSON, CARL H., SR. |                                 |
| STREET ADDRESS | 4369 31ST AVENUE NO    |                                 |
| CITY-STATE-ZIP | ST. PETERSBURG FL      |                                 |
| TITLE          | TSD                    | <input type="checkbox"/> Delete |
| NAME           | JONASSON, ELEANOR      |                                 |
| STREET ADDRESS | 4369 31ST AVENUE NO    |                                 |
| CITY-STATE-ZIP | ST. PETERSBURG FL      |                                 |
| TITLE          | VP                     | <input type="checkbox"/> Delete |
| NAME           | PACE, BARBARA J.       |                                 |
| STREET ADDRESS | 1910 24TH AVE NORTH    |                                 |
| CITY-STATE-ZIP | ST. PETERSBURG FL      |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

U00000794451  
01/28/08-80008-014 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed by

*Barbara J. Pace*

01/21/08 727 323 2300