


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 519689 1. Entry Name JOHNSON, GREEN & MILLER, P.A.	
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Principal Place of Business 6850 CAROLINE STREET P. O. BOX 605 MILTON, FL 32570 US	Mailing Address 6850 CAROLINE STREET P. O. BOX 605 MILTON, FL 32570 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1706062	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, T. SOL 6850 CAROLINE STREET MILTON, FL 32570
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**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 <u>T. Sol Johnson</u> <small>Signature, typed or printed name of registered agent and this if applicable</small>	<u>T. Sol Johnson</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>4-8-05</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, T SOL 6850 CAROLINE STREET MILTON, FL 00000, 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, PAUL R 6850 CAROLINE STREET MILTON, FL 00000, 32570
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>T. Sol Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>T. Sol Johnson</u> <small>Date</small>	<u>4-8-05</u> <small>Daytime Phone #</small>