

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90095 036 ***150.00

DOCUMENT # 598744

1. Entity Name
JOHNSON'S AUTO CENTER, INC.



Principal Place of Business
CORNER SR 100 EAST & 214
P.O. BOX 225
LAKE GENEVA, FL 32160-0225

Mailing Address
CORNER SR 100 EAST & 214
P.O. BOX 225
LAKE GENEVA, FL 32160-0225

40076483



DO NOT WRITE IN THIS SPACE

03312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1873800	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

BURNEY, BIVENS, PA
1536 KINSLEY AVE
SUITE 118
ORANGE PARK, FL 32073

**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	PTD
NAME	HUSTON, SCOTT T
STREET ADDRESS	8041 STATE RD 100
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656

TITLE	VSD
NAME	HUSTON, LISA DIANNE J
STREET ADDRESS	8041 STATE RD 100
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:

Scott T. Huston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 352-473-4117
Date Daytime Phone #