


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 619239**  
1. Entity Name  
**GARY JOHNSON, INC.**



Principal Place of Business  
1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 1197  
TALLAHASSEE, FL 32302

**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1902383**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, GARY L.**  
1395 CROSS CREEK WAY  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

3. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, GARY L 1395 CROSS CREEK WAY TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLLISON, AL 1395 CROSSCREEK WAY TALLAHASSEE, FL 32301
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04/20/07-80089-018 150.00

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, changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_