


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 667960	
1. Entity Name BRIAN E. JOHNSON, P.A.	

Principal Place of Business 7190 SEMINOLE BLVD SEMINOLE, FL 33772 US	Mailing Address 7190 SEMINOLE BLVD C/O BRIAN E. JOHNSON, ESQ. SEMINOLE, FL 33772 US
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1991222	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent JOHNSON, BRIAN E. (ESQUIRE) 7190 SEMINOLE BLVD SEMINOLE, FL 33772

**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 _____ (NOTE: Registered Agent signature required when restateleg) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000400465
02/02/06-80004-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POS JOHNSON, BRIAN E. 7190 SEMINOLE BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BRIAN E. 7190 SEMINOLE BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JAMES E II 7190 SEMINOLE BLVD SEMINOLE, FL 33772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *James E. Johnson II, DP* **James E. Johnson II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/06 (127) 591-9756
Date Daytime Phone #