
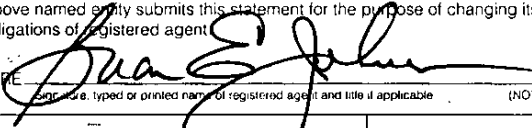
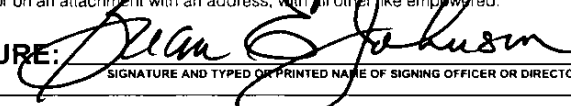


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90012 006 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 7150 Seminole Blvd. Suite, Apt. #, etc.		3. Mailing Address 7150 Seminole Blvd. Suite, Apt. #, etc.	
City & State Seminole, FL		City & State Seminole, FL	
Zip 33772 Country US		Zip 33772 - Country US	
4. FEI Number 59-1991222		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BRIAN E. (ESQUIRE) 7190 SEMINOLE BLVD SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name Johnson, Brian E. (Esquire) Street Address (P.O. Box Number is Not Acceptable) 7150 Seminole Blvd. City Seminole FL Zip Code 33772	
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 		DATE March 17, 2008	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JOHNSON, BRIAN E. 7190 SEMINOLE BLVD. SEMINOLE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BRIAN E. 7190 SEMINOLE BLVD. SEMINOLE, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JAMES E II 7190 SEMINOLE BLVD SEMINOLE, FL 33772	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Johnson, Brian E. 7150 Seminole Blvd. Seminole, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date March 17, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-420-8268	

40048411



03162008 Chg-P CR2E034 (12/06)