

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 697855 1. Entity Name GERTRUDE JOHNSON AND ASSOCIATES, INC.					
Principal Place of Business C/O GERTRUDE L. JOHNSON 835 NORTH PRIMROSE ORLANDO, FL 32803			Mailing Address C/O GERTRUDE L. JOHNSON 835 NORTH PRIMROSE ORLANDO, FL 32803		
2. Principal Place of Business Suite Apt # etc			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2145049	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, GERTRUDE L. 835 NORTH PRIMROSE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)					
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			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.			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 another life empowered.		
TITLE DP NAME JOHNSON, GERTRUDE L STREET ADDRESS 835 N PRIMROSE CITY-STATE-ZIP ORLANDO, FL			TITLE DP NAME GIDDENS, JOAN F. STREET ADDRESS 2316 NO. B. TR CITY-STATE-ZIP ORLANDO, FL		
TITLE D NAME JOHNSON, JOHN F STREET ADDRESS 835 N PRIMROSE DR CITY-STATE-ZIP ORLANDO, FL			TITLE D NAME JOHNSON, JOHN F STREET ADDRESS 835 N PRIMROSE DR CITY-STATE-ZIP ORLANDO, FL		
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