

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90001 009 ***150.00



DOCUMENT # F01000005150

1. Entity Name

E. JOHNSON, INC.

Principal Place of Business

**4973 SPANISH OAKS CIRCLE
FERNANDINA BEACH FL 32034**

Mailing Address

**4973 SPANISH OAKS CIRCLE
FERNANDINA BEACH FL 32034**

2. Principal Place of Business - No P.O. Box #

4973 Spanish Oaks Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Same

Zip

32034

Country

U.S.A.

Zip

Same

Country

U.S.A.

4. FEI Number

36-3087681

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**JOHNSON, EDWIN B
4973 SPANISH OAKS CIRCLE.
UNIT 11
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity certifies that it is not 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 certifying.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWIN B	
STREET ADDRESS	1521 BEACH WALKER DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, EDWIN B	
STREET ADDRESS	4973 SPANISH OAKS CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SUSAN P	
STREET ADDRESS	4973 SPANISH OAKS CIRCLE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 change or other listing of officers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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