

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 023 ***150.00

DOCUMENT # F65438

1. Entity Name
JOHNSON WOODWORKING, INC.



Principal Place of Business

**3470 LEGHORN RD
VALKARIA, FL 32950 US**

Mailing Address

**3470 LEGHORN RD
VALKARIA, FL 32950 US**

50009906



2. Principal Place of Business

139 MILLER DRIVE
Suite, Apt. #, etc.

3. Mailing Address

139 MILLER DRIVE
Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

SEBASTIAN, FL

City & State

SEBASTIAN, FL

4. FEI Number

59-2165130

Applied For

Not Applicable

Zip

32958

Country

US

Zip

32958

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CRAIG H.
3470 LEHORN RD
VALKARIA, FL 32950**

7. Name and Address of New Registered Agent

Name

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

139 MILLER DRIVE

City

SEBASTIAN

FL

Zip Code

32958

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)

DATE

**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

TITLE **PDST** ☐ Delete
NAME **JOHNSON, CRAIG H.**
STREET ADDRESS **3470 LEGHORN RD**
CITY-ST-ZIP **VALKARIA, FL 32950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **139 MILLER DRIVE**
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

Daytime Phone #