

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # F92000000201

1. Entity Name
JOHNSON ARCHITECTURAL METAL COMPANY



Principal Place of Business
2160 KINGSTON CT
SUITE I
MARIETTA, GA 30067

Mailing Address
2160 KINGSTON CT
SUITE I
MARIETTA, GA 30067



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1452165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, GEORGE J
STREET ADDRESS	2160 KINGSTON CT., SUITE I
CITY-ST-ZIP	MARIETTA, GA
TITLE	SD
NAME	JOHNSON, BRONWEN E
STREET ADDRESS	2160 KINGSTON CT., SUITE I
CITY-ST-ZIP	MARIETTA, GA
TITLE	CDT
NAME	JOHNSON, GEORGE F SR
STREET ADDRESS	2160 KINGSTON COURT SUITE I
CITY-ST-ZIP	MARIETTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/01/07-80107-025 150.00

2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Southern
Accounting Mgr. 3-6-07 770-953-8485