


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90237 025 \*\*\*158.75

<b>DOCUMENT # G02039</b>	
1. Entity Name <b>THE ALOE MAN, INC.</b>	

Principal Place of Business <b>3030 CAMPBELLTON ROAD SW SUITE D ATLANTA, GA 30311</b>	Mailing Address <b>3030 CAMPBELLTON ROAD SW SUITE D ATLANTA, GA 30311</b>
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2221232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
JOHNSON, JOHNNY L. 4090 NW 40TH STREET LAUDERHILL, FL 33313	<i>4090 NW 125 STREET</i>

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JOHNNY L 5185 STONE CROFT TRAIL ATLANTA, GA 30331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, PAULETTE 5185 STONE CROFT TRAIL ATLANTA, GA 30331
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Paulette Johnson* **PAULETTE JOHNSON** *1/9/06* **404 629-2540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #