

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # H27545					
1. Entity Name PHILIP & JENNY JOHNSON INCORPORATED					
Principal Place of Business 8320 W SUNRISE BLVD 112 PLANTATION FL 33322-5434 US			Mailing Address 8320 W SUNRISE BLVD 112 PLANTATION FL 33322-5434 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FET Number 59-2463162	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent JOHNSON, PHILIP K. 526 NE. 17TH WAY FT. LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. 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 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	JOHNSON, PHILIP K.		NAME		
STREET ADDRESS	526 NE. 17TH WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	JOHNSON, JENNY LYN		NAME		
STREET ADDRESS	526 NE. 17TH WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.					
SIGNATURE: Philip K. Johnson, PRESIDENT			X 04/27/06 954-476-562 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		