## 2007 FOR PROFIT CORPORATION

## FILED Apr 04, 2007 08:00 A Secretary of State **DOCUMENT # H62901** 1. Entity Name JOHNSON \* FREY \* TURZAK GROUP, INC. Mailing Address Principal Place of Business 5405 WATER ST 5405 WATER ST NEW PORT RICHEY, FL 34652 **NEW PORT RICHEY, FL 34652** No Chg-P 01032007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREY, BRUCE L DO NOT WRITE 5405 WATER ST NEW PORT RICHEY, FL 34652 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) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSD TITLE FREY, BRUCE NAME 5405 WATER ST STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL. 34652 VTD TITLE TURZAK, OLIVER J NAME U00000689847 04/11/07-80051-011 150.00 5405 WATER ST STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 ar

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SIGNATUR** 

<u>3/30/07</u>

<u>727-848-2921</u>