

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 11, 2006 08:00 AM  
Secretary of State**

DOCUMENT # J24181 1. Entity Name JOHNSON'S JOURNEY'S END, INC.	
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Principal Place of Business 7710 NE JACKSONVILLE ROAD OCALA, FL 34479 US	Mailing Address 7710 NE JACKSONVILLE ROAD OCALA, FL 34479 US
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2691903	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JOHNSON, JEAN 7710 NORTHEAST JACKSONVILLE ROAD OCALA, FL 34479
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHNSON, JEAN 7710 NE JACKSONVILLE RD OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HENSLEY, PHILLIP R. 1090 HAVER HILL DRIVE HAMILTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000382571  
01/12/06-80019-004 155.00

**DO NOT WRITE  
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: Jean Johnson Jean Johnson 1/6/06 (352) 6292827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #