


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # K16214 1. Entity Name JOHNSON DEVELOPMENT COMPANY, INC.	
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Principal Place of Business 622 STALLION CT WINTER SPRINGS, FL 32708	Mailing Address 622 STALLION CT WINTER SPRINGS, FL 32708
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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2901918

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, CHARLES F II
622 STALLION CT
WINTER SPRINGS, FL 32708**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/06/06-80137-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, CHARLOTTE B
STREET ADDRESS	622 STALLION CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	STD
NAME	JOHNSON, CHARLES F II
STREET ADDRESS	622 STALLION CT
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	FORD, REBECCA
STREET ADDRESS	1136 DUNCAN DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	JOHNSON, C F III
STREET ADDRESS	735 HILLCREST DR.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Charles F. Johnson II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06 407-366-6707
Date Daytime Phone #