

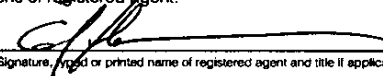



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 008 ***158.75

DOCUMENT # K16214 1. Entity Name JOHNSON DEVELOPMENT COMPANY, INC.					
Principal Place of Business 622 STALLION CT WINTER SPRINGS, FL 32708			Mailing Address 622 STALLION CT WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box # 1584 Eagle Nest CR. Suite, Apt. #, etc.		3. Mailing Address 1584 Eagle Nest CR. Suite, Apt. #, etc.			
City & State Winter Springs FL Zip 32708		City & State Winter Springs FL Zip 32708		4. FEI Number 59-2901918	
Country Seminole		Country Seminole		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, CHARLES F II 622 STALLION CT WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Charles F. Johnson II. Street Address (P.O. Box Number is Not Acceptable) 1584 Eagle Nest CR. City Winter Springs FL Zip Code 32708	
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  DATE 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CHARLOTTE B 622 STALLION CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charlotte B. Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1584 Eagle Nest CR. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, CHARLES F II 622 STALLION CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Charles F. Johnson II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1584 Eagle Nest CR. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, REBECCA 1136 DUNCAN DR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, C F III 735 HILLCREST DR. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/16/07 Daytime Phone # 407-366-6707	