

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # K16214

1. Entity Name

JOHNSON DEVELOPMENT COMPANY, INC.



Principal Place of Business

1584 EAGLE NEST CR
WINTER SPRINGS FL 32708

Mailing Address

1584 EAGLE NEST CR
WINTER SPRINGS FL 32708



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2901918

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHARLES F II
1584 EAGLE NEST CR
WINTER SPRINGS FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when terminating)

3/11/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	JOHNSON, CHARLOTTE B	
STREET ADDRESS	1584 EAGLE NEST CR	
CITY-STATE-ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	☐ Delete
NAME	JOHNSON, CHARLES F II	
STREET ADDRESS	1584 EAGLE NEST CR	
CITY-STATE-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	☐ Delete
NAME	FORD, REBECCA	
STREET ADDRESS	1136 DUNCAN DR	
CITY-STATE-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	☐ Delete
NAME	JOHNSON, C F III	
STREET ADDRESS	735 HILLCREST DR.	
CITY-STATE-ZIP	BRADENTON FL 34209	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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04/01/08-80054-010 158.75

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:

[Signature]

Charles F. Johnson II, Sec 3/11/08 407-366-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1

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