


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K49466**  
1. Entity Name  
**JOHNSON ACCOUNTING, INC.**



Principal Place of Business <b>1492 AVOCADO AVENUE P. O. BOX 360894 (ZIP 32936) MELBOURNE, FL 32935</b>	Mailing Address <b>1492 AVOCADO AVENUE P. O. BOX 360894 (ZIP 32936) MELBOURNE, FL 32935</b>
--	--



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2919698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNSON, ROBERT V.  
1492 AVOCADO AVENUE  
MELBOURNE, FL 32935**

**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 registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT V. P.O. BOX 360894 MELBOURNE, FL 32936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, M. FAYE P.O. BOX 360894 MEBOURNE, FL 32936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT A. P.O. BOX 360894 MELBOURNE, FL 32936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000523203  
05/03/06-80062-012 150.00

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 authority like empowered.

**SIGNATURE: ROBERT V JOHNSON** *Robert V Johnson* **PRESIDENT** **4/19/2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY19 DAYTIME PHONE #