

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90023 015 \*\*\*150.00

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



**40126036**



07172007 Chg-P CR2E034 (12/06)

Principal Place of Business  
 1492 AVOCADO AVENUE  
 P. O. BOX 360894 (ZIP 32936)  
 MELBOURNE, FL 32935

Mailing Address  
 1492 AVOCADO AVENUE  
 P. O. BOX 360894 (ZIP 32936)  
 MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #  
**1492 AVOCADO AVENUE**

3. Mailing Address  
**P.O. BOX 360894**

Suite, Apt. #, etc.

City & State  
**MELBOURNE FLORIDA**

Zip  
**32935**

Country  
**BREVARD**

City & State  
**MELBOURNE FLORIDA**

Zip  
**32936**

Country  
**BREVARD**

4. FEI Number  
**59-2919698**

Applied For  
 Not Applicable

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

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT V. P.O. BOX 360894 MELBOURNE, FL 32936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, M. FAYE P.O. BOX 360894 MEBOURNE, FL 32936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ROBERT A. P.O. BOX 360894 MELBOURNE, FL 32936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **ROBERT V. JOHNSON** *Robert V. Johnson* 7/17/2007 321-255-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40126036

# K49466

**JOHNSON ACCOUNTING, INC**  
**Accounting & Tax Service**

1492 Avocado Avenue  
P.O. Box 360894  
Melbourne, Florida 32936  
321-254-8459  
Fax 321-254-2044

Florida Department of State

After receiving a card of "Notice of intent to dissolve", I called the Corporate Division and told the person that I had not received a card notifying me to file the 2007 Corporate Annual Report. The department said I most likely did not have a card sent to me due to the address on the report listing a principal place of business and mailing address with 2 addresses.

I was instructed to go on your web site and download a printed form that I could change the address. I was also instructed to check the box "the entity did not receive a prior notice" and print a form to make changes.

I am enclosing this form and a check for the 2007 Corporate Annual Report.

  
Robert V. Johnson