

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90209 019 ****50.00

DOCUMENT # L03000041605

1. Entity Name

H.G. JOHNSON, LLC



Principal Place of Business

Mailing Address

P.O. BOX 10234
SWANZEY NH 03446

PO BOX 10234
SWANZEY NH 03446

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

333 SAYERS CROSSING

3. Mailing Address

P.O. BOX 10234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SWANZEY, N.H.

SWANZEY

City & State

City & State

— 02

N.H.

Zip
03446

Country
USA

Zip
03446

Country
USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

58-2496823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBBONS, GARY A
3321 HENDERSON BOULEVARD
TAMPA FL 33609

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

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHNSON, H. GREGORY
PO BOX 10234
SWANZEY NH 03446 ☐ Delete

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

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CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-10-07 6033525533