

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90038 036 \*\*\*150.00

**DOCUMENT # L43771**

1. Entity Name  
JOHNSON, AUVIL, BROCK & WILSON, P.A.



Principal Place of Business  
37837 MERIDIAN AVE  
STE 314  
DADE CITY, FL 33525 US

Mailing Address  
POST OFFICE BOX 2337  
DADE CITY, FL 33526 US

40010000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2985033

Applied For

Not Applicable

Zip

Country

Zip

Country

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, LEONARD H.  
37837 MERIDIAN AVE  
SUITE 314  
DADE CITY, FL 33525

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME JOHNSON, LEONARD H.  
STREET ADDRESS 37837 MERIDIAN AVE STE 314  
CITY- ST- ZIP ST. LEO, FL

TITLE DT ☐ Delete  
NAME AUVIL, JON L  
STREET ADDRESS 37837 MERIDIAN AVE STE 314  
CITY- ST- ZIP DADE CITY, FL

TITLE DVP ☐ Delete  
NAME BROCK, P HUTCHISON II  
STREET ADDRESS 37837 MERIDIAN AVE STE 314  
CITY- ST- ZIP DADE CITY, FL

TITLE DS ☐ Delete  
NAME WILSON, JAMES R  
STREET ADDRESS 37837 MERIDIAN AVENUE, SUITE 314  
CITY- ST- ZIP DADE CITY, FL 33525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY- ST- ZIP

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

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

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:

*Leonard H. Johnson, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/07 (352) 567-2500