


**2006 FOR PROFIT CORPORATION
- ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L89532
1. Entity Name
JOHNSONS' UPHOLSTERING, INC.



Principal Place of Business 1940 CENTRAL AVENUE ST. PETERSBURG, FL 33712	Mailing Address 1940 CENTRAL AVENUE ST. PETERSBURG, FL 33712
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3024684	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent
**JOHNSON, DANIEL N.
1940 CENTRAL AVENUE
ST. PETERSBURG, FL 33712**

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 _____ (NOTE: Registered Agent signature required when reuniting) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DANIEL N. 1940 CENTRAL AVENUE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUNE N. 1940 CENTRAL AVENUE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DANIEL N. 1940 CENTRAL AVENUE ST. PETERSBURG, FL
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

00000502125
04/25/06-80091-007 150.00

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 all other like empowered.

SIGNATURE June N. Johnson June N. Johnson 4/9/2006 787-825-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date