


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # L89532<br>1. Entity Name<br>JOHNSONS' UPHOLSTERING, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>1940 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33712 | Mailing Address<br>1940 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33712 |
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01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3024684                               | Applied For<br>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, DANIEL N.  
1940 CENTRAL AVENUE  
ST. PETERSBURG, FL 33712

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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**  
**After May 1, 2008 Fee will be \$550.00**

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

100000091235

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

05/13/08-80114-013 150.00

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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 4/21/08 727-8211008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #