

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N05000005028
 1. Entity Name
 THE JOHNSON HOUSE, INC.



Principal Place of Business
 1225 ALPINE LAKE DRIVE
 BRANDON, FL 33511

Mailing Address
 1225 ALPINE LAKE DRIVE
 BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3074817	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, JEFFREY J
 1225 ALPINE LAKE DRIVE
 BRANDON, FL 33511

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

000000885989
 04/16/08-80036-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JEFFREY J 1225 ALPINE LAKE DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, BRENDA 1225 ALPINE LAKE DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: *Jeffrey J Johnson* **Jeffrey J Johnson** President **4-4-08** 813-653386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #