

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000009759**

1. Entity Name

J.R. JOHNSON SERVICES, INC.



Principal Place of Business

P.O. BOX 1461  
LAKE PLACID, FL 33862

Mailing Address

P.O. BOX 1461  
LAKE PLACID, FL 33862

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEANNE  
114 SIRENA DRIVE  
LAKE PLACID, FL 33852

**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

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, 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	DS
NAME	JOHNSON, JEANNE
STREET ADDRESS	P.O. BOX 1461
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	PD
NAME	JOHNSON, JOHN
STREET ADDRESS	P.O. BOX 1461
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000555830  
05/15/06-80047-015 150.00

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IN THIS SPACE**

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 its address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JOHN R JOHNSON*

*4/24/06*

Date

*863-465-968*

Daytime Phone #