


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90034 022 ***150.00

DOCUMENT # *P00000010696*

1. Entity Name
Johnny-Angelle, Inc.



DO NOT WRITE IN THIS SPACE

V
40051905

CR2E034B (8/05)

2. Principal Place of Business
1101 N. Merrin St.

3. Mailing Address
1101 N. Merrin St.

City, Apt. #, etc.
Plant City, FL 33563

City & State
Plant City, FL 33563

City & State

4. FEI Number
59-3634588

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 *Angelle T. Colborn*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	<i>PTO Colborn, John M. 1101 N. Merrin St. Plant City, FL 33563</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VSO Colborn, Angelle T. 1101 N. Merrin St Plant City FL 33563</i>	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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelle T. Colborn* *4-2-07* *813 737 1171*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #