

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000087227

1. Entity Name
KAREN JOHNSON, P.A.



Principal Place of Business
15170 CANONGATE DRIVE
FT. MYERS, FL 33912

Mailing Address
15170 CANONGATE DRIVE
FT. MYERS, FL 33912



01232006 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1042351

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON-CROWTHER, KAREN
15170 CANONGATE DRIVE
FT. MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

Karen Johnson-Crowther

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 PD
NAME JOHNSON-CROWTHER, KAREN
STREET ADDRESS 15170 CANONGATE DRIVE
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE
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1100000401474
02/02/06-80046-002 158.75

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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 an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #