


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000024746**

1. Entity Name  
**JOHNSON POOLS, INC.**



Principal Place of Business  
**401 MASSACHUSETTS AVE  
 PENSACOLA, FL 32505**

Mailing Address  
**401 MASSACHUSETTS AVE  
 PENSACOLA, FL 32505**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3712697</b>	Applied For 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 EDWARD  
 4797 MALLARD CREEK RD  
 PENSACOLA, FL 32526**

**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:  **DANIEL E. JOHNSON** **1/25/08**  
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, 2008 Fee will be \$550.00**

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	D JOHNSON, DANIEL EDWARD 4797 MALLARD CREEK RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DANIELLE JEAN 604 CARONDELAY DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOACK, BRIAN MARK 1200 GREYSTONE LN PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, TINA L 4797 MALLARD CREEK DR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOACK, LONZELLE SIRI 1200 GREYSTONE LN PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/18/08-90024-008, 150.00

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 persons empowered.

SIGNATURE:  **DANIEL E. JOHNSON** **1/25/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

**850736-7665**