

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000078275

1. Entity Name

JOHNSON MACHINERY & TRUCK SERVICES, INC.



Principal Place of Business

**5790 COUNTRY LAKES DR.
FT. MYERS, FL 33905**

Mailing Address

**P.O. BOX 61008
FT. MYERS, FL 33906**



02132008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1130224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD.
SUITE 103
BONITA SPRINGS, FL 34134**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000925816
05/20/08-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WHERRY, KENDELL
STREET ADDRESS	PO BOX 61008
CITY-ST-ZIP	FT. MYERS, FL 33906
TITLE	S
NAME	WHERRY, MICHELLE
STREET ADDRESS	PO BOX 61008
CITY-ST-ZIP	FT. MYERS, FL 33906
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENDELL WHERRY

Date

03-12-08

Daytime Phone #

239-643-1900