

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078275

FILED
Apr 24, 2009
Secretary of State

Entity Name: JOHNSON MACHINERY & TRUCK SERVICES, INC.

Current Principal Place of Business:

5790 COUNTRY LAKES DR.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1130224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHUMANN, RAYMOND L
3451 BONITA BAY BLVD
SUITE 200
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WHERRY, KENDELL
Address: PO BOX 61008
City-St-Zip: FT. MYERS, FL 33906

Title: S () Delete
Name: WHERRY, MICHELLE
Address: PO BOX 61008
City-St-Zip: FT. MYERS, FL 33906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENDELL T WHERRY

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date