2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 12, 2006 8:00 am
Secretary of State
05-02-2006 90215 033 ***150.00

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1. Entity Name
JOHNSON & JACKSON GLASS PRODUCTS, INC.

Principal Place of Business	Mailing Address
5445 N 59TH ST TAMPA, FL 33610	~~5767 157TH AVE N~~ 5445 N. 59TH ST. ~~CLEARWATER, FL 33760~~ TAMPA. FL 33610

02012006 No Chg-P CR2E034 (11/05)

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4. FEI Number
80-0006485
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GREGORY, WILLIAM P~~ ELIZABETH HAFNER
~~715 W. SWANN AVE.~~ 304 S. PLANT AVE.
~~TAMPA, FL 33606~~ TAMPA, FL. 33606-2326
PH: 813.250.0357

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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 Caryn L. Johnson 4-19-06
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~~	PD
NAME	~~JACKSON, ALFRED W~~	ERIC D. JOHNSON
STREET ADDRESS	5445 ~~N 59TH~~ ST	5445 N. 59TH ST.
CITY-ST-ZIP	TAMPA, FL 33610	TAMPA, FL 33610
TITLE	~~VPD~~	VPD
NAME	~~JOHNSON, ERIC~~	CARYN L. JOHNSON
STREET ADDRESS	5445 ~~N 59TH~~ ST	5445 N. 59TH ST.
CITY-ST-ZIP	TAMPA, FL 33610	TAMPA, FL 33610
TITLE	~~TD~~	
NAME	~~JACKSON, SANDRA~~	
STREET ADDRESS	5445 ~~N 59TH~~ ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	~~SD~~	
NAME	~~JOHNSON, CARYN~~	
STREET ADDRESS	5445 ~~N 59TH~~ ST	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: Caryn L Johnson 4-19-06 813-363-2819
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #