

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000114441

1. Entity Name  
RICHARD W. JOHNSON, PA



Principal Place of Business

5184 OSCEOLA AVENUE  
ST. AUGUSTINE, FL 32080

Mailing Address

5184 OSCEOLA AVENUE  
ST. AUGUSTINE, FL 32080

**DO NOT WRITE IN THIS SPACE**

04-19-2007 90183 003 \*\*\*150.00

40068930



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3757456	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	JOHNSON, RICHARD W
STREET ADDRESS	5184 OSCEOLA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080

TITLE	D
NAME	JOHNSON, RICHARD W
STREET ADDRESS	5184 OSCEOLA AVENUE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

3/2/07

Date

Daytime Phone #

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IN THIS SPACE**

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