2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name

JOHNSON HOMES, INC.

Principal Place of Business

1806 28TH STREET WEST BRADENTON, FL 34205

2. Principal Place of Business

Suite, Apt. #, etc.

JOHNSON, DENNIS

SIGNATURE.

10.

TITLE

NAME

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

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CITY, ST-ZIP,

1806 28TH STREET WEST BRADENTON, FL 34205

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

JOHNSON, DENNIS

JOHNSON, BRIAN

STD

3403 21ST AVE WEST

JOHNSON, MARCIA

BRADENTON, FL 34205

1806 28TH STREET WEST

BRADENTON, FL 34205

1806 28TH STREET WEST

BRADENTON, FL 34205

811 MANATEE AV. W

FILED Feb 17, 2006 8:00 am **Secretary of State** 02-17-2006 90061 011 ***150.00 DOCUMENT # P02000011904 Mailing Address 60017340 1806 28TH STREET WEST BRADENTON, FL 34205 Mailing Address 811 MANATEE AV. W 02142006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number 04-3606979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRADENTON 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition STREET ADDRESS CITY-ST-ZIP Change. ☐ Addition Delete - 😇 NAME STREET ADDRESS CITY-\$T-ZIP Addition ☐ Change Delete TITLE STREET ADDRESS CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition

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.

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

IGNING OFFICER OR DIRECTOR

enderden, hitgenaus

☐ Delete

Daytime Phone #