

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000049733	
1. Entity Name JOHNSON'S IMPORTS, INC.	



FILED
06 MAY 16 PM 12:05
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business 8644 US HWY. 441 LEESBURG, FL 34788	Mailing Address 8644 US HWY. 441 LEESBURG, FL 34788
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3700094	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, DANNY L 1850 SE HWY 19 CRYSTAL RIVER, FL 34429
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**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DANNY L 1850 SE HWY 19 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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300076204683
06/14/06--01036--011 **500.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #