

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000067533

1. Entity Name
JOHNNY AND ME, INC.



Principal Place of Business
1191 E NEWPORT CNTR DR #210
DEERFIELD BEACH, FL 33442

Mailing Address
1191 E NEWPORT CNTR DR #210
DEERFIELD BEACH, FL 33442



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0622960

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, PAMELA S
1191 E NEWPORT CNTR DR #210
DEERFIELD BEACH, FL 33442

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000344998

04/30/05-80019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, PAMELA S
STREET ADDRESS	1191 E NEWPORT CNTR DR #210
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

P. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 954-422-8811 x.201

Date

Daytime Phone #