

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000069322**

1. Entity Name  
**JOHNSON FAUCETT & ASSOCIATES, INC.**



Principal Place of Business  
**10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135**

Mailing Address  
**10961 BONITA BEACH RD  
BONITA SPRINGS, FL 34135**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3689559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$850.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
FAUCETT, J. M  
10961 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MARON, GERARD  
10961 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
FAUCETT, SUSAN P  
10961 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000713583  
04/26/07-80095-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**4/12/07 (239) 596-3200**  
Date Daytime Phone #