

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 028 ***150.00

DOCUMENT # P02000107786

1. Entity Name
CONTINENTAL MEDICAL SUPPLIES & SERVICES, INC.



Principal Place of Business

**3399 NW 72 AVE.
STE 210
MIAMI, FL 33122**

Mailing Address

**3399 NW 72 AVE.
STE 210
MIAMI, FL 33122**

DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0035465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRENIER, JULIO A
3399 NW 72 AVE
STE 210
MIAMI, FL 33122**

**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 \$550.00
Due by September 6, 2006**

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
**PVST
GRENIER, JULIO A
3399 NW 72 AVE., STE 210
MIAMI, FL 33122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRENIER, JULIO A
3399 NW 72 AVE., STE 210
MIAMI, FL 33122**

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

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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

07/10/06

Date

(303) 418-4037

Daytime Phone #



ATTACHMENT 40099073
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P05000149229
Business Entity Name	E-JOHNSON CONSTRUCTION CO
Original File Date	11/09/2005

FEI Number

Principal Address 5600 NE 60TH AVENUE
HIGH SPRINGS, FL 32643

Mailing Address 5600 NE 60TH AVENUE
HIGH SPRINGS, FL 32643

→ Registered Agent JOHN LUCKEY *Remove*
4045 NW 43RD ST, STE A *Remove*
GAINESVILLE, FL 32606 US

Officer/Director Name And Address

P
ERIN J JOHNSON
5600 NE 60TH AVENUE
HIGH SPRINGS, FL 32643

change to:

I checked this Box

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

Continue