

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110655

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOHNSON ASSET MANAGEMENT, INC.

Current Principal Place of Business:

5121 EHRLICH ROAD
SUITE 112-B
TAMPA, FL 33624

New Principal Place of Business:

3609 SCHEFFLERA RD
TAMPA, FL 33618

Current Mailing Address:

5121 EHRLICH ROAD
SUITE 112-B
TAMPA, FL 33624

New Mailing Address:

3609 SCHEFFLERA RD
TAMPA, FL 33618

FEI Number: 14-1859572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLOSSER, DICK
500 EAST KENNEDY
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, CHARLES
Address: 5121 EHRLICH RD STE 112-B
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: JOHNSON, AVA
Address: 5121 EHRLICH RD STE 112-B
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, CHARLES
Address: 3609 SCHEFFLERA RD
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: JOHNSON, AVA
Address: 3609 SCHEFFLERA RD
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES P. JOHNSON

MGRM

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date