

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000131266

1. Entity Name
ROBERT JOHNSON P.A.



FILED
Sep 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
518 WEST POINT WASHINGTONRD
SANTA ROSA BEACH, FL 32459-5564

Mailing Address
518 WEST POINT WASHINGTONRD
SANTA ROSA BEACH, FL 32459-5564



05202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1442820

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRAD CONGLETON CPA INC
50 UPTON GRAYTON CIRCLE
15
SANTA ROSA BEACH, FL 32459

**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

000000959483
09/11/08-80003-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSON, ROBERT N
4721 E CNTY HWY 30A
SANTA ROSA BEACH, FL 32459

TITLE
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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

Date

Daytime Phone #