


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000064824 |  |
| 1. Entity Name JOHNSON POOL & DECK RESUFACING, INC. | |

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| Principal Place of Business 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 | Mailing Address 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 |
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01292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1191421 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent JOHNSON, MARC A 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 |
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**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, MARC A 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSON, LAURA 9547 VIA SEGOVIA NEW PORT RICHEY, FL 34655 |
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13/03/06-R0084-014 150.00

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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 *Laura Johnson* Laura Johnson 2-21-06 727-375-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone