


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 021 ***150.00

DOCUMENT # P03000107792	
1. Entity Name CHRIS N. JOHNSON, P.A.	

Principal Place of Business SELL STATE PROFESSIONAL REALTY, INC. 2311 SANTA BARBARA BLVD CAPE CORAL FL 33991	Mailing Address PO BOX 150219 CAPE CORAL FL 33915
---	---



2. Principal Place of Business - No P.O. Box # <i>Keller Williams Realty East</i> Suite, Apt. #, etc. <i>1103 Cape Coral Parkway</i>	3. Mailing Address Suite, Apt. #, etc.
City & State <i>Cape Coral, FL</i>	City & State
Zip <i>33904</i>	Country <i>USA</i>

1st MOORE CR2E034 (10/06)

4. FEI Number 03-0529129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 registering)
Signature, typed or printed name of registered agent and title, if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST /ZIP	P JOHNSON, CHRIS N 2311 SANTA BARBARA BLVD CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<i>C. Norris Johnson</i> <i>PO Box 150219</i> <i>Cape Coral, FL 33915</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST /ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Unit

Daytime Phone #

4/23/07 239-540-0326