2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/9

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-09-2007 90079 013 ***150.00

DOCUMENT # P03000110938

1. Entity Name
JIMMY JOHNSON, P.A.

Principal Place of Business	Mailing Address
1050 SW 46TH AVENUE APT 304 POMPANO BEACH, FL 33069 US	1050 SW 46TH AVENUE APT 304 POMPANO BEACH, FL 33069 US

02102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business, No P.O. Box #		3. Mailing Address	
717 SW 13th Avenue		717 SW 13th Avenue	
Suite, Apt. #, etc.: #2		Suite, Apt. #, etc.: #2	
City & State: Ft Lauderdale, FL		City & State: Ft Lauderdale, FL	
Zip: 33312	Country: USA	Zip: 33312	Country: USA

4. FEI Number 20-0631431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JIMMY C 1050 SW 46TH AVENUE APT 304 POMPANO BEACH, FL 33069	Name: Johnson, Jimmy C Street Address (P.O. Box Number is Not Acceptable): 717 SW 13th Avenue #2 City: Ft Lauderdale FL Zip Code: 33312

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] DATE: 2/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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, JIMMY C 1050 SW 46TH AVENUE #304 POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Johnson, Jimmy C 717 SW 13th Avenue #2 Ft Lauderdale, FL 33312	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/21/07 (954) 802-8132