2006-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

## Feb 01, 2006 08:00 AM DOCUMENT # P03000119805 **Secretary of State** 1. Entity Name RAYMOND D. JOHNSON SR. INC. Principal Place of Business Mailing Address 2070 EVERGLADES BLVD N 2070 EVERGLADES BLVD N NAPLES FL 34120 NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0355014 Not Applicable Zio Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, RAYMOND D SR Street Address (P.O. Box Number is Not Acceptable) 2070 EVERGLADES BLVD N NAPLES FL 34120 City Zio 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 Signature: typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remainful) DATE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Se After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIPLE Change NAME JOHNSON, RAYMOND D SR. NAME U00000415287 STREET ADDRESS 2070 EVERGLADES BLVD N STREET ADDRESS 02/11/06-80071-014 158.75 CITY-ST-ZIF NAPLES FL 34120 CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP THILE Delete HILE ☐ Change Addition NAMI NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TIFLE ☐ Change Addition 🗔 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C17Y - S7 - Z1P CITY-ST-ZIP TISLE Delete TRUE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

-29-06

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