

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000124040	
1. Entity Name JOHNSON & SON ROOFING, INC.	

Principal Place of Business 13344 NEW YORK AVENUE ASTATULA FL 34705	Mailing Address 13344 NEW YORK AVENUE ASTATULA FL 34705
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-0376554		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, LECIL 13344 NEW YORK AVENUE ASTATULA FL 34705		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 *Lecil Johnson* (PRESIDENT/OWNER) *LECIL JOHNSON* 1/27/07
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when terminating) 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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, LECIL 13344 NEW YORK AVENUE ASTATULA FL 34705 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add U000000615844 02/07/07-80004-012 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, JEFFERY L 13344 NEW YORK AVENUE ASTATULA FL 34705 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	D WILSON, ROGER D 13344 NEW YORK AVENUE ASTATULA FL 34705 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add

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: *Lecil Johnson* *PRESIDENT/OWNER* *LECIL JOHNSON* 1/27/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
352-742-2813