

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000131416**

1. Entity Name

JOHNSON'S HEATING & AIR SERVICE, INC.



Principal Place of Business

1990 E. OAKRIDGE RD.  
TALLAHASSEE, FL 32311

Mailing Address

1990 E. OAKRIDGE RD.  
TALLAHASSEE, FL 32311



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2415435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WILLIE J  
1990 E. OAKRIDGE RD.  
TALLAHASSEE, FL 32311

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, WILLIE J  
STREET ADDRESS 1990 E. OAKRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE STD  
NAME JOHNSON, JAMIE D  
STREET ADDRESS 1990 E. OAKRIDGE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE VD  
NAME JOHNSON, SEAN  
STREET ADDRESS 2208 SAXON ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

01/24/06-80003-011 150.00

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IN THIS SPACE**

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:

*Willie J. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

(850) 933-6772

Daytime Phone #