


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90096 006 \*\*\*150.00

<b>DOCUMENT # P03000131967</b> 1. Entity Name <b>JOHNSON BROTHERS INSULATION, INC.</b>					
Principal Place of Business <b>22521 N. BUCKHILL RD GOTHA, FL 34734</b>			Mailing Address <b>22521 N. BUCKHILL RD GOTHA, FL 34734</b>		
2. Principal Place of Business - No P.O. Box # <b>22521 N. Buckhill Rd</b>		3. Mailing Address <b>9010 Salem Road</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Howie in the Hills, FL</b>		City & State <b>ST. CLOUD FL</b>		4. FEI Number <b>20-0408724</b>	
Zip <b>34737</b>		Country <b>LAKE</b>		Zip <b>34773</b>	
Country <b>LAKE</b>		Country <b>OSCEOLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, ROGER W 1351 DARNABY WAY ORLANDO, FL 32824</b>				7. Name and Address of New Registered Agent Name <b>Timmie JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>9010 Salem Road</b> City <b>ST. CLOUD</b> <b>FL</b> Zip Code <b>34773</b>	
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 <b>Timmie JOHNSON, V.P.</b> <i>[Signature]</i> DATE <b>1-11-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, KENNETH R 16734 SKILLET ROAD CLERMONT, FL 34711</b> <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	<b>V JOHNSON, ROGER W 1351 DARNABY WAY ORLANDO, FL 32824</b> <input checked="" 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	<b>V JOHNSON, TIMMIE W 9230 RICHMOND ROAD ST. CLOUD, FL 34773</b> <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 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.					
<b>SIGNATURE: Timmie JOHNSON, V.P.</b> <i>[Signature]</i> <b>1-11-07</b> <b>381-828-7890</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					