

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 044 ***150.00

DOCUMENT # P03000134297			
1. Entity Name J. JOHNSON FLOORING, INC.			
Principal Place of Business 320 DOVE AVE SEBRING, FL 33872		Mailing Address 320 DOVE AVE SEBRING, FL 33872	
2. Principal Place of Business 6626 Old Orchard Ave		3. Mailing Address 6626 Old Orchard Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring Florida		City & State Sebring Florida	
Zip 33876		Zip 33876	
Country Highlands		Country Highlands	
4. FEI Number 30-0212641		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JAMES 320 DOVE AVE SEBRING, FL 33872		7. Name and Address of New Registered Agent Name Johnson James Street Address (P.O. Box Number is Not Acceptable) 320 Dove Avenue City Sebring FL Zip Code 33876	
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 DATE 4.4.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME JOHNSON, JAMES STREET ADDRESS 320 DOVE AVE CITY-ST-ZIP SEBRING, FL 33872	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Johnson James STREET ADDRESS 6626 Old Orchard Ave CITY-ST-ZIP Sebring FL 33876		
TITLE D <input type="checkbox"/> Delete NAME RIVERA, RAFAEL JR. STREET ADDRESS 320 DOVE AVE CITY-ST-ZIP SEBRING, FL 33872	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rivera Rafael Jr. STREET ADDRESS 6626 Old Orchard Ave CITY-ST-ZIP Sebring FL 33876		
TITLE D <input checked="" type="checkbox"/> Delete NAME VAUGHN, HEATHER LEE STREET ADDRESS 320 DOVE AVE CITY-ST-ZIP SEBRING, FL 33872	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PEDRO QUINTANA STREET ADDRESS 4717 STAR AVENUE CITY-ST-ZIP SEBRING FL 33870		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 JAMES JOHNSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2.16.05 (863) 381-8442 <small>Date Daytime Phone #</small>	