2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					
DOCUMENT # P03000136983			FILED		
1. Entity Nam	ne				
JOHNSO	ON FAMILY SNACK BAR 123, I	NC.		06 MAY 10 PM 12: 16	
			115	_	
Principal Plac	ce of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	NA BLVD.	1890 KINGSLEY AVE.		TACCAHASSEE, PLURIDA	
JACKSONVIL	LE, FL 32205	ORANGE PARK, FL 32073			
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_	SO NOT WOITE	AL TIMO ODA	~ =	02092006 No Chg-P CR2E034 (11/05)	
<u>,</u> L	O NOI WRITE I	N THIS SPACE	CE	4. FEI Number Applied For	
Ú.	Cipal Place of Business DO RAMONA BLVD. SONVILLE, FL 32205 CRANGE PARK, FL 3207 BO NOT WRITE IN THIS SF 6. Name and Address of Current Registered Agent THITH HULSEY & BUSEY, P.A. 5 WATER ST., STE. 1800 CKSONVILLE, FL 32202 CRESONVILLE, FL 32202			20-0817365 Not Applicable	
				5. Certificate of Status Desired	
	6. Name and Address of Current Reg	istered Agent			
SMITH HI	11 SEV & RUSEV D A			DO NOT WOITE	
225 WATER ST., STE. 1800			DO NOT WRITE		
JACKSONVILLE, FL 32202			IN THIS SPACE		
				IN THIS STACE	
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					
the congations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
				 800075379568	
		Election Campaign Finan Trust Fund Coatribution	ncing \$5.	. 00 May Be 28/06-01052001 **200.00	
After M	ay 1, 2006 Fee will be \$550.00	Trust Furtu Contribution.	LI Add	led to Fees	
10.		ECTORS		-	
TITLE NAME	1 '		ľ		
STREET ADDRESS					
CITY-ST-ZIP	ORANGE PARK, FL 32073				
TITLE	⁻		0/ 11		
NAME CTREET ADDRESS			W15	116	
CITY-ST-ZIP			Nors		
TITLE	VP				
NAME	1				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE	OVANGE FARK, FE 32073				
NAME				IN THIS SPACE	
STREET ADDRESS				•	
CITY-ST-ZIP			ļ		
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP]		
TITLE					
NAME STREET ADDRESS		!	Į		
CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exe	emptions contained	in Chapter 119, Florida Statutes. I further certify that the information	
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 accorate 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 andress, with all pine like empowered.					
SIGNAT	TURE:	$T \longrightarrow L$	Ward Hundly	1 7/20106 704-216-3590	
	JUNA TURE AND TYPED OR PRINT	ED MAME OF SIGNING OFFICER OR DIRECT	UK /	Daytime Phone #	