

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136983

1. Entity Name
JOHNSON FAMILY SNACK BAR 123, INC.



Principal Place of Business
5800 RAMONA BLVD.
JACKSONVILLE, FL 32205

Mailing Address
1890 KINGSLEY AVE.
ORANGE PARK, FL 32073

FILED

2007 MAY 11 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-0817365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, P.A.
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUNTLEY, LOUIS L
STREET ADDRESS	1890 KINGSLEY AVE.
CITY-ST-ZIP	ORANGE PARK, FL 32073 Delete
TITLE	ST P
NAME	HUNTLEY, LOUIS W
STREET ADDRESS	1890 KINGSLEY AVE.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP
NAME	JOHNSON, JOE
STREET ADDRESS	1890 KINGSLEY AVE.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07--01032--002 **200.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L. Ward Huntley 4/30/07 904-276-3598

5/18