2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

15346 SANTA FE TRAIL EUSTIS FL 32726

DOCUMENT # P03000147619

EDWARD R. JOHNSON INC.

Principal Place of Business

15346 SANTA FE TRAIL EUSTIS FL 32726



Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90154 023 ***150.00

FILED

		ness - No PO. Bo さくだい かえ		3. Mailing Address 2627 WATERVIEW DZ.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State EUSTIS, FL			C	City & State EUSTIS , FL			1 38-3603040			oplied For of Applicable		
Zip ろうしょ	<u>ب</u>	Country LAKE		32726	Country LAKE	•	5. Certificate	e of Status Desired	1 1 -	75 Add Require		
	6. Name	e and Address of	Current Registe	ered Agent			7. Name and	d Address of New Re	egistered Ager	ıt		
					Name	Name -						
JOHSNSON, EDWARD R 15346 SANTA FE TRAIL EUSTIS FL 32726				ч _{а.} .		Street Address (P.O. Box Number is Not Acceptable)						
•					City	City FL Zip Code						
		ty submits this stat	ement for the pu	irpose of changing it	s registered office	or registe	red agent, or bo	oth, in the State of Flor	rida. I am famí	iar with,	and accept	
•	~	-										
SIGNATURE	Signature, types	d or prened canso of regis	tered agent and title if	applicatio. (NO	TE Registered Agent sign	nture require	d when reinstating)		DATE			
* * *	THE MONEY	UL EEE 10 4450		1								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department o							Election Campaign Final Trust Fund Contribution.			+,		
10.		OFFICE	BS AND DIRECT	TORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIF	ECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE	PD			<u>N</u>	Change	Addition	
NAME	JOHNSON	N, EDWARD R			NAME	JOH	تع ركم 10 كلم	DWARD R.				
STREET ADDRESS	15346 SA	NTA FE TRAIL			STREET ADDRESS	767	7 WATER	EVIEW DR.				
CITY - ST- ZIP	EUSTIS FI	_ 32726			CITY - ST ZIP	Eu5	TIS, FL	32726				
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NAME	JOHNSON	I, LARRY D			NAME	JOHA	uson, L	ARRY D.				
STREET ADDRESS	15346 SA	NTA FE TRAIL			STREET ADDRESS			WIEW DR ,				
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NAME Street Address					NAME STREET ADDRESS							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Liquid R. VolumSIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR