

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006469

Entity Name: JOHNSON'S & SON, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Principal Place of Business:

4530 HOFFNER AVENUE
ORLANDO, FL 32812

Current Mailing Address:

4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146

New Mailing Address:

2324 GUNN ROAD
KISSIMMEE, FL 34746

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JENNIFER
4000 PONCE DE LEON BLVD., STE. 470
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

JOHNSON, JENNIFER
2324 GUNN ROAD
KISSIMMEE, FL 34746 US

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.

SIGNATURE: JENNIFER JOHNSON

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JENNIFER
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: JOHNSON, PHILLIP
Address: 4000 PONCE DE LEON BLVD., STE. 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, JENNIFER
Address: 2324 GUNN ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: V (X) Change () Addition
Name: JOHNSON, PHILLIP
Address: 2324 GUNN ROAD
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER JOHNSON

MRS

04/21/2005

Electronic Signature of Signing Officer or Director

Date