


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**

**Feb 25, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000012246</b> 1. Entity Name <b>KOREY JOHNSON, INC.</b>	
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Principal Place of Business <b>7015 CHERBOURG AVENUE NORTH JACKSONVILLE, FL 32205</b>	Mailing Address <b>7015 CHERBOURG AVENUE NORTH JACKSONVILLE, FL 32205</b>
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**DO NOT WRITE IN THIS SPACE**

  
01172008 No Chg-P CR2E034 (11/05)  
4. FEI Number **05-0594852** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, KOREY  
7015 CHERBOURG AVENUE NORTH  
JACKSONVILLE, FL 32205**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KOREY 7015 CHERBOURG AVENUE NORTH JACKSONVILLE, FL 32205
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03/04/08-80053-012 158.75  
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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:**  **Korey Johnson** 2-19-08 904-588-8337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone