

For Office Use Only

DO NOT WRITE IN THIS SPACE

**FILED**  
**Mar 04, 2013 08:00 AM**  
**Secretary of State**

CR2E034B (1/11)

4. FEI Number		Applied For
13-4271939		Not Applicable

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

7. Name and Address of Current Registered Agent

Name Steve A Johnson

Street Address (P.O. Box Number is Not Acceptable)

119 Hales Rd

City Auburndale

FL

Zip Code  
33823

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 Steve A Johnson  
By: Steve A Johnson, past or present name of registered agent and true applicant

2-3-14  
DATE

1. The following information is being furnished to you for your information only. It is not to be used for any other purpose.

(NOTE Regs. and Ager's signature req. ed when re installing.)

DATE \_\_\_\_\_

January 1 - May 1 Fee \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

**Payable to Florida Department of Transportation**

**Make Check Payable to Florida Department of State**

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

**E-mail Address:**

E-mail Address: TJoh186231@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	STEVE A Johnson
STREET ADDRESS	119 Hayes Rd
CITY-ST-ZIP	Ann Arbor MI 48103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000256473890  
02/06/14--01035--001 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

**SIGNATURE:**

with all other like empowered. I am aware that false information  
F.S. *Steve A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-14 863-221-4003

DATE

**Daytime Phone #**

bm  
21714



Corporations

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## Annual Report Filing History

Search By Document ID

p04000021585

Search

## Session

Transaction ID	Description	Filing Stage
p04000021585-51cd670b-a5a9-4469-898c-d6f0f6d5bdde	Session file for p04000021585 with last modified date of 5/2/2013 9:32:37 AM Eastern Standard Time	<a href="#">Edit</a>
p04000021585-ce88a554-139d-4b25-9af7-a1dfe9dee0e9	Session file for p04000021585 with last modified date of 3/4/2013 1:06:33 PM Eastern Standard Time	<a href="#">PaymentPage</a>

## Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
60414949-3991-4d04-8b2e-ace612787195	P04000021585	0	2	1/4/2010 12:00:00 AM
61166c1a-7335-452d-a9f4-053877a86443	P04000021585	0	2	2/14/2012 12:00:00 AM
fa3577f8-2a66-40c7-a21e-35e80f187843	P04000021585	0	2	4/27/2011 12:00:00 AM
p04000021585-ce88a554-139d-4b25-9af7-a1dfe9dee0e9	P04000021585	150	0	3/4/2013 1:06:36 PM

