2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000041663

1. Entity Name
JOHNSON BROS. MANAGEMENT GROUP, INC.

FILED
08 JUL 15 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66012419

04-30-08 90162 021 $300 - $150
01282008 No Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
10307 BONITA BEACH RD BONITA SPRINGS, FL 34135	10307 BONITA BEACH RD BONITA SPRINGS, FL 34135

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4. FEI Number
20-0891200
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	~~VPS~~ Delete
NAME	~~JOHNSON, ROBERT A~~
STREET ADDRESS	~~10307 BONITA BEACH RD~~
CITY-ST-ZIP	~~BONITA SPRINGS, FL 34135~~
TITLE	PDT
NAME	JOHNSON, DAVID L
STREET ADDRESS	10307 BONITA BEACH RD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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	

7/1/17

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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: ✓ David L Johnson ✓ 3-7-08 239-9476734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #