


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000051911
 1. Entity Name
 CHARLES P JOHNSON INSURANCE, INC.



Principal Place of Business 1209 BLANDING BLVD ORANGE PARK, FL 32065	Mailing Address 1209 BLANDING BLVD ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2426063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, CHARLES P
 1209 BLANDING BLVD
 ORANGE PARK, FL 32065

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHARLES P 1209 BLANDING BLVD ORANGE PARK, FL 32065
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 03/19/07-80020-013 150.00

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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 fee empowered.

SIGNATURE: *Charles P Johnson* 3707 904-272-5555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #