

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90132 036 ***150.00

DOCUMENT # P04000079371 1. Entity Name CL JOHNSON PROPERTIES, INC.					
Principal Place of Business 2003 CEDAR RUN PLANT CITY, FL 33563			Mailing Address PO BOX 5394 PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 4112 N. WILDER RD Suite, Apt. #, etc.			3. Mailing Address PO BOX 5394 Suite, Apt. #, etc.		
City & State PLANT CITY, FL.		City & State PLANT CITY, FL		4. FEI Number 38-3702765	
Zip 33565		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, FRANK C 703 W SWANN AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name David A. Lubotsky Street Address (P.O. Box Number is Not Acceptable) 2690 Coral Landings Blvd. # 517 City Palm Harbor FL Zip Code 34684	
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 <u>David A. Lubotsky</u> <u>David A. Lubotsky</u> <u>3/21/07</u> <small>Signature, typed or printed name of registered agent and title, applicable. (If "OFF" Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, THOMAS J 2003 CEDAR RUN 4112 N. WILDER RD PLANT CITY, FL 33563 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CYNTHIA L 2003 CEDAR RUN 4112 N. WILDER RD PLANT CITY, FL 33563 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: <u>THOMAS J. MCGRATH - UPJ</u> <u>3-20-07</u> <u>813-695-1506</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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