

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90476 031 ***150.00

DOCUMENT # P05000029499

1. Entity Name

DENNIS JOHNS FLOORING, INC.



Principal Place of Business
2621 N TOUCHTON RD
AVON PK, FL 33825

Mailing Address
2621 N TOUCHTON RD
AVON PK, FL 33825

60045594

2. Principal Place of Business - No P.O. Box #

X 1029 W. Townsend St

Suite, Apt. #, etc.

3. Mailing Address

X 1029 W. Townsend St

Suite, Apt. #, etc.

03292007

Chg-P

CR2E034 (12/06)

City & State

Avon Park, FL

City & State

Avon Park, FL

4. FEI Number

05-0467844 20-2578330

Applied For

Not Applicable

Zip
33825

Country

Highlands

Zip
33825

Country

Highlands

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, DENNIS
2621 N TOUCHTON RD
AVON PK, FL 33825

7. Name and Address of New Registered Agent

Name
X Dennis L. Johns Flooring, Inc

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

X 1029 W. Townsend St

City
Avon Park

FL

Zip Code
33825

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

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: registered agent signature required when reinstating.)

DATE

X 4-26-07

FILE NOW!!! FEE IS \$450.00
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	PD JOHNS, DENNIS 790 S DONCHERS PL AVON PK, FL 33825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS L. JOHNS

Date

Daytime Phone #

(863) 453-6070