

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079220

Entity Name: JOHNSON'S MOBILE HOME REMODELING, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

6310 SUN COUNTRY DRIVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

6709 RIDGE ROAD
105
PORT RICHEY, FL 34668

Current Mailing Address:

6310 SUN COUNTRY DRIVE
NEW PORT RICHEY, FL 34653

New Mailing Address:

6709 RIDGE RD
105
PORT RICHEY, FL 34668

FEI Number: 20-2900492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM C
6310 SUN COUNTRY DRIVE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

JOHNSON, WILLIAM C
7127 CONGRESS ST.
101
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: WILLIAM C JOHNSON

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, ANDREW
Address: 6310 SUN COUNTRY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD () Delete
Name: JOHNSON, WILLIAM C
Address: 6310 SUN COUNTRY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD () Delete
Name: JOHNSON, KATHY
Address: 6310 SUN COUNTRY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, ANDREW
Address: 7413 DEMURE LN
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD (X) Change () Addition
Name: JOHNSON, WILLIAM C
Address: 7127 CONGRESS ST
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD (X) Change () Addition
Name: JOHNSON, KATHY
Address: 7413 DEMURE LN
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C JOHNSON

VPD

04/27/2006

Electronic Signature of Signing Officer or Director

Date