


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90097 016 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P05000080687</b>   |  |  |   |  |  |
| <b>1. Entity Name</b><br>JOHNSON PEADEN INC.   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>5951 COLTER ROAD<br>MILTON, FL 32583   |  |  | <b>Mailing Address</b><br>5951 COLTER ROAD<br>MILTON, FL 32583  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 04102008    Chg-P    CR2E034 (12/06)  |  |
| <b>4. FEI Number</b><br>20-2939873   |  |  |   | Applied For<br>Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>PEADON, NATHAN F<br>5951 COLTER ROAD<br>MILTON, FL .025.   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| <b>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.</b>   |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>PEADEN, NATHAN<br>5951 COLTER ROAD<br>MILTON, FL 32583 <input type="checkbox"/> Delete                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>JOHNSON, RICHARD D<br>8213 BRODIE LANE, SUITE 107<br>AUSTIN, TX 78745 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>WOLFE, MELONEY D<br>5951 COLTER ROAD<br>MILTON, FL 32583 <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____  |  |  | Nathan Peaden    4/17/08    (850) 626-2844  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date    Daytime Phone #   |   |  |