


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000121206 1. Entity Name JOHNSON TRUCKING OF TAMPA, INC.	
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Principal Place of Business 204 E. M.L. KING JR. BLVD TAMPA, FL 33603 US	Mailing Address 204 E. M.L. KING JR. BLVD TAMPA, FL 33603 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3393041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, RICKY 204 E. M.L. KING JR. BLVD. TAMPA, FL 33603

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	P JOHNSON, RICKY 204 E M.L. KING JR. BLVD. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNNEWELL-JOHNSON, SHARON 204 E M.L. KING JR. BLVD. TAMPA, FL 33603
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**DO NOT WRITE
IN THIS SPACE**

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

2/1/07 **813-234-2264**
Date Daytime Phone #