

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 032 ***150.00

DOCUMENT # P05000122570

1. Entity Name

JAMES JOHNS GRADING SERVICE INC



Principal Place of Business
7993 HYDE PARK AVE
NORTH PORT FL 34287
US

Mailing Address
7993 HYDE PARK AVE
NORTH PORT FL 34287
US



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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

13493 SULKY DR

1st MOORE

CR2E034 (10/06)

City & State

City & State

PUNTA GORDA FL

Zip

Country

Zip

Country

33955

US

4. FEI Number

20-3350731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNS, JAMES E
7993 HYDE PARK AVE
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete
NAME: JOHNS, JAMES
STREET ADDRESS: 7993 HYDE PARK AVE
CITY- ST- ZIP: NORTH PORT FL 34287

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: JOHNS, CHRISTINA
STREET ADDRESS: 7993 HYDE PARK AVE
CITY- ST- ZIP: NORTH PORT FL 34287

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CHRISTINA JOHNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07 941-815-6146