

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-09-2006 90084 008 ***150.00

DOCUMENT # P05000133704 1. Entity Name JOE JOHNSON CAMPAIGN, INC.																																																			
Principal Place of Business 1999 W COLONIAL DR ORLANDO, FL 32809			Mailing Address 1999 W COLONIAL DR ORLANDO, FL 32809																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																	
City & State		City & State																																																	
Zip	Country	Zip	Country																																																
6. Name and Address of Current Registered Agent JOHNSON, JOE 2727 CULLEINS CT OCOE, FL 34761				7. Name and Address of New Registered Agent Name Joe Johnson Street Address (P.O. Box Number is Not Acceptable) 2727 Cullen's Court City Ocoee FL 34761																																															
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 <small>Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE 4/30/2006																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE President </td> <td style="width: 70%;"> NAME Joseph R. Johnson </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>STREET ADDRESS</td> <td>1999 W Colonial Dr</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Orlando FL 32804</td> <td></td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td> (407) 292-5404 </td> <td style="text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> </table>			TITLE President	NAME Joseph R. Johnson	<input type="checkbox"/> Delete	STREET ADDRESS	1999 W Colonial Dr		CITY- ST- ZIP	Orlando FL 32804		TITLE NAME STREET ADDRESS CITY- ST- ZIP	(407) 292-5404	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> <tr><td colspan="2" style="height: 20px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 807, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/30/2006 DAYTIME PHONE # (407) 292-5404																																															

66013000



04102006 Chg-P CR2E034 (11/05)

4. FEE Number **20-3570902** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required