2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000151706			FILED
1. Entity Name JOHNSON'S OLD SCHOOL TAVER!	N INC		\$ 1 mas har fe.
			2007 SEP 28 AM 9: 20
Principal Place of Business 3544 ROLLING TRAIL 3544 ROLLING TRAIL			SECRETARY OF STATE TALLAHASSEE, FLORIDA
PALM HARBOR, FL 34684 PALM HARBOR, FL 34684		4	TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box# 3. Mailing Address 7924 Vimes ton Ru 7924 Vimes to		ton Rd	
Suite, Apt. #, etc. Suite, Apt. #, etc.			09192007 Chg-P CR2E034 (12/06)
City & State	FZ City & State		4. FEI Number Applied For NOT APPLICABLE Not Applicable
Zip 3771 Country USA		A 2 C	5 Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current	.		7. Name and Address of New Registered Agent
Name Court Colours			
JOHNSON, BRIAN K. 3544 ROLLING TRAIL			ss (P.O. Box Number Is)Not Acceptable)
PALM HARBOR, FL 34684			
		City	FL ZIPS 771
8. The above named entity supmity 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. 9-20-07			
SIGNATURE Signature vided or printed name of registered agent	and little II applicable. (NOTE: Re	egistered Agent signature requ	
9. Election Campaign Financing\$5.00 May Be			
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees			
10. OFFICERS AND	·····	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST Change / Addition
NAME JOHNSON, BRIAN	Delete	NAME Č	custal Coleman
STREET ADDRESS 3544 ROLLING TRAIL CITY-ST-ZIP PALM HARBOR, FL 34684		CITY CT 710	924 Ulmenton Rd. aras Fr 33771
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADORESS	300110275103
CITY-ST-ZIP		CITY-ST-ZIP	10/04/0701040023 **61,25
TITLE NAME	☐ Oelete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
HTLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
City-St-ZiP		CITY-ST-ZIP	Chann D Addition
TITLE NAME	☐ Defete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS GITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP	
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 ompowered 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 addyss, with all other like empowered.			
SIGNATURE: WITH	Celen		_
SIGNATURE. SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER OR I	DIRECTOR	9-20-07 (721) 858-8102 Date Daylina Phone/r

10/3a)