

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90007 047 ***150.00

DOCUMENT # P06000004050	
1. Entity Name	
JOHNSON FAMILY CUSTOM HOMES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4115 MARINER BLVD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SPRING HILL, FL	City & State
Zip 34609	Country

40030528

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4120068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DOROTHY JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
4115 MARINER BLVD.
City
SPRING HILL FL Zip Code
34609

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY L. JOHNSON, JR 14157 CINNAMAN LN. BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DOROTHY JOHNSON 14157 CINNAMAN LN. BROOKSVILLE, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #