FILED
Aug 20, 2007 8:00 am
Secretary of State
07-24-2007 90040 012 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/24/2007-90040-012-$150.00-$150.00

DOCUMENT # P06000022395

1. Entity Name
THERESA JOHNSON, P.A.

66021133

Principal Place of Business	Mailing Address
1325 SW 25TH TERR CAPE CORAL, FL 33914	1325 SW 25TH TERR CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07172007 Chg-P CR2E034 (12/06)

4. FEI Number: 16-1749950 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, THERESA
1325 SW 25TH TERR
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent
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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, THERESA 1325 SW 25TH TERR CAPE CORAL, FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Theresa Johnson 7-17-07 239.940.4813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aug 16 07 09:47a 1-239-458-3549 12394583549 p.2
Aug 16 2007 9:47AM DAVID P CARR CPA PA 239 936 7500 p.1