

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90041 018 \*\*\*150.00

**DOCUMENT # P06000041432**

1. Entity Name  
**JOHNSON N JOHNSON LENDING COMPANY**



Principal Place of Business  
**4 WEST OAK STREET, SUITE B  
ARCADIA, FL 34266**

Mailing Address  
**4 WEST OAK STREET, SUITE B  
ARCADIA, FL 34266**

**40021333**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**04-3851031**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHNSON, TIMOTHY SHANE  
24025 MADACA LANE, APT 106  
PORT CHARLOTTE, FL 33954**

Name  
**DALE M. JOHNSON**

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

**8998 US HIGHWAY 17 SOUTH**

City  
**ZOLFO SPRINGS**

FL

Zip Code  
**33873**

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

*Joh M. Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

*1/1/08*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 **JOHNSON, TIMOTHY SHANE**  
STREET ADDRESS **MADACA LANE, APT 106**  
CITY- ST- ZIP **PORT CHARLOTTE, FL 33954**

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

TITLE **VST** ☐ Delete  
NAME **JOHNSON, DALE MABRY**  
STREET ADDRESS **4103 NE TENNESSEE STREET**  
CITY- ST- ZIP **ARCADIA, FL 34206**

TITLE **PVST** ☒ Change ☒ Addition  
NAME **JOHNSON, DALE MABRY**  
STREET ADDRESS **8998 US HIGHWAY 17 SOUTH**  
CITY- ST- ZIP **ZOLFO SPRINGS, FLORIDA 33873**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joh M. Johnson*

*1/1/08*

*863-494-0831*

Device Phone \*