


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 043 ***150.00

DOCUMENT # P06000110616	
1. Entity Name SEAN JOHNSON, INC.	

Principal Place of Business 600 WEST LAS OLAS BLVD # 307 - S FT. LAUDERDALE, FL 33312	Mailing Address 600 WEST LAS OLAS BLVD # 307 - S FT. LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 15711 Pines Blvd.	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State
Zip 33027	Country US

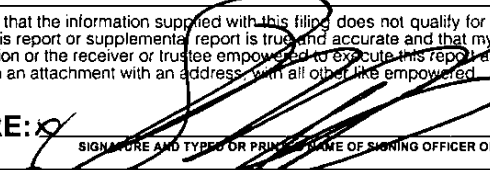
6. Name and Address of Current Registered Agent JOHNSON, SHERRY A 600 WEST LAS OLAS BLVD # 307 - S FT. LAUDERDALE, FL 33312	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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.</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE (\$ \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHNSON, SHERRY A 600 WEST LAS OLAS BLVD # 307-S FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Sherry A. Johnson, President 2/23/07 954-510-0109 Date Daytime Phone #

40028982



02232007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5528432	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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