

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

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01062008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000039451 1. Entity Name JOHNSON LAWN & MAINTENANCE, INC.			
Principal Place of Business 307 SW 9TH COURT WEST PALM BEACH, FL 33444		Mailing Address 307 SW 9TH COURT WEST PALM BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box # 307 SW 9th Court Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Delray Bch		City & State Delray Bch Fl	
Zip 33444		Zip 33444	
Country Palm Bch		Country Palm Bch	
4. FEI Number 20-8726017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JEROME 307 SW 9TH COURT WEST PALM BEACH, FL 33444 Delray Bch Fl 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Same 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: <u><i>Jerome Johnson</i></u> DATE: <u>1-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JEROME J 307 SW 9TH COURT WEST PALM BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS 307 S.W. 9th Court Delray Fl 33444 <input checked="" 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: <u><i>Jerome Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-7-08</u> Daytime Phone #	