

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000039373

FILED
Aug 05, 2009
Secretary of State**Entity Name:** JOHNSCO INC.**Current Principal Place of Business:**2011 NW 104 AVENUE
PEMBROKE PINES, FL 33026 US**New Principal Place of Business:****Current Mailing Address:**2011 NW 104 AVENUE
PEMBROKE PINES, FL 33026 US**New Mailing Address:****FEI Number:** 26-2465363**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHN, IDICULLA
2011 NW 104 AVENUE
PEMBROKE PINES, FL 33026 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: JOHN, IDICULLA
Address: 2011 NW 104 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP () Delete
Name: JOHN, MARIAMMA
Address: 2011 NW 104 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D () Delete
Name: JOHN, SABU O
Address: 2011 NW 104 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Delete
Name: JOHN, SUJA M
Address: 2011 NW 104 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHN, SUJA M
Address: 2011 NW 104 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDICULLA JOHN

P

08/05/2009

Electronic Signature of Signing Officer or Director_____
Date