

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000020726

1. Entity Name

JOHNSON AND JOHNSON, ATTORNEYS AT LAW, P.A.



Principal Place of Business

8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217

Mailing Address

8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3175633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, KEITH H
STREET ADDRESS 8810 GOODBY'S EXECUTIVE DR., SUITE A
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD
NAME JOHNSON, R. DENISE
STREET ADDRESS 8810 GOODBYS EXEC DR STE A
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VP
NAME FRASHUER, LOUIS A
STREET ADDRESS 8810 GOODBYS EXEC. DR., STE. A
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VP
NAME ROBINSON, KRISTOPHER D
STREET ADDRESS 8810 GOODBYS ELEC DR, STE A
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000452797
03/13/06 80014-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2-28-06

904-737-5930