2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 28, 2007 08:00 AM Secretary of State

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1. Entity Name

JOHNS, BUCKALEW & JOHNS, P.A.



Principal Place of Business

660 COX RD STE 6

COCOA, FL 32926 U

Mailing Address

660 COX RD STE 6

COCOA, FL 32926 US



02092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3208135

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, CARL E JR 660 COX ROAD STE 6 COCOA, FL 32926

SIGNATURE: _

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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. Tam familiar with, and accept the obligations of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent and little	required when reinstating)	DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNS, CARL E JR 660 COX RD STE 6 COCOA, FL 32926							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			000000650711 03/08/07-80024-017 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
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NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS	and the second s							
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.								