

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JAN 30 2007

FILED

Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P94000026977

1. Entity Name

E. JOHNSON CARPENTRY, INC.



Principal Place of Business

3901 DR M.L.K. BLVD
SUITE 122
FORT MYERS FL 33916
US

Mailing Address

3901 DR M.L.K BLVD
SUITE 114
FORT MYERS FL 33916
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0473928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ELMER SR.
3033 THOMAS STREET
FORT MYERS FL 33916

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JOHNSON, ELMER SR.
STREET ADDRESS 3033 THOMAS STREET
CITY - ST - ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME U000000741086
STREET ADDRESS 05/15/07-80012-025 150.00
CITY - ST - ZIP

TITLE P ☐ Delete
NAME JOHNSON, ELMER
STREET ADDRESS 3033 THOMAS ST
CITY - ST - ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME BROUGHTON, MAE FRANCES
STREET ADDRESS 3033 THOMAS ST
CITY - ST - ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☐ Delete
NAME JOHNS, JENNIFER
STREET ADDRESS 3033 THOMAS ST
CITY - ST - ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME JOHNSON, J
STREET ADDRESS 3033 THOMAS ST
CITY - ST - ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER