

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90030 050 ***150.00

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 #

2607 HANSON Street
Suite, Apt. #, etc.
#5

3. Mailing Address

3033 Thomas Street
Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

Lee

Zip

33916

Country

Lee

1st MOORE

CR2E034 (10/07)

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

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

7. Name and Address of New Registered Agent

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

Elmer Johnson Sr.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-21-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VP
NAME Jennifer Re Press
STREET ADDRESS 3033 Thomas St
CITY-ST-ZIP Fort Myers, Florida 33916 ☒ Change ☐ Addition

TITLE Sec
NAME Justin Johnson
STREET ADDRESS 3033 Thomas St
CITY-ST-ZIP Fort Myers, FL 33916 ☒ Change ☐ Addition

TITLE Treas
NAME DWYANE Johnson
STREET ADDRESS 3033 Thomas St
CITY-ST-ZIP Fort Myers, FL 33916 ☒ Change ☐ Addition

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

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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elmer Johnson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me From #

4-21-08