


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90101 031 \*\*\*150.00

<b>DOCUMENT # P94000043846</b>	
1. Entity Name <b>JOHNSON &amp; JOHNSON INTERNATIONAL REALTY GROUP, INC.</b>	

Principal Place of Business <b>10010 S. FEDERAL HWY. #6 PORT ST. LUCIE, FL 34952 US</b>	Mailing Address <b>10010 S FEDERAL HWY SUITE 6 PORT ST. LUCIE, FL 34952 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1640 Copenhagen Rd.</b>	3. Mailing Address <b>1640 Copenhagen Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03092007 Chg-P CR2E034 (12/06)

City & State <b>FORT PIERCE, FL</b>	City & State <b>FORT PIERCE, FL</b>
Zip <b>34945</b>	Zip <b>34945</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3255653</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>JOHNSON, KIM E 1640 COPENHAVER RD FORT PIERCE, FL 34945</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, KIM E 1640 COPENHAVER RD FORT PIERCE, FL 34945</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/9/07** **772-486-4497**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #