

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048410

FILED
Feb 06, 2007
Secretary of State

Entity Name: JOHNSON AND COLLIER ENTERPRISES, INC.

Current Principal Place of Business:

17617 SR 20 WEST
SUITE 5
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

17617 SR 20 WEST
SUITE 5
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 59-3283258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLIER, BARBARA H.
19588 SW SEMINOLE LANE
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, AMY C.
Address: 22447 NE QUAIL RUN
City-St-Zip: BLOUNTSTOWN, FL 32404

Title: VP () Delete
Name: JOHNSON, TODD A.
Address: 22447 NE QUAIL RUN
City-St-Zip: BLOUNTSTOWN, FL 32404

Title: VP () Delete
Name: COLLIER, MARK D.
Address: 19588 SW SEMINOLE LANE
City-St-Zip: BLOUNTSTOWN, FL

Title: ST () Delete
Name: COLLIER, BARBARA
Address: 19588 SW SEMINOLE LANE
City-St-Zip: BLOUNTSTOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA H. COLLIER

ST

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date