

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90391 046 \*\*\*158.75



**DOCUMENT # P95000055135**  
1. Entity Name  
**JOHAN'S LAWCARE, INC.**

Principal Place of Business  
1806 GULF COURT  
INDIALANTIC FL 32903

Mailing Address  
1806 GULF COURT  
INDIALANTIC FL 32903



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
Zip Country

4. FEI Number **59-3336414**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EKDAHL, JOHAN N**  
1806 GULF COURT  
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent  
*Darlene M. Winant-Ekdahl*  
Street Address (P.O. Box Number is Not Acceptable)  
**1806 GULF COURT**  
City **INDIALANTIC** FL **32903**

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 *Darlene M. Winant-Ekdahl* DATE **4/19/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>EKDAHL, JOHAN N</b> <b>1806 GULF COURT</b> <b>INDIALANTIC FL 32903</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Johan N. Ekdahl</b> <b>1806 Gulf Ct.</b> <b>INDIALANTIC FL 32903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Darlene M. Winant-Ekdahl</b> <b>1806 GULF COURT</b> <b>INDIALANTIC, FL, 32903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Johan N. Ekdahl Pres.* DATE **4-19-07** DAYTIME PHONE # **778-3803**  
Signature and typed or printed name of signing officer or director