


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000033078 1. Entity Name JOHNSON'S CLEANING SERVICE INC.	
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Principal Place of Business 1890 TWIN OAKS DRIVE DELAND, FL 32720	Mailing Address 1890 TWIN OAKS DRIVE DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3373659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM S
1890 TWIN OAKS DRIVE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000683051 04/05/07-80028-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JOHNSON, WILLIAM S 1890 TWIN OAKS DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, WANDA 1890 TWIN OAKS DR DELAND, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Wm Scott Johnson **WM SCOTT JOHNSON** **03-26-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

386-734-7864