## 2008-FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2008 08:00 Al Secretary of State

DOCUMENT # P97000050533  1. Satily forms JOHNSON CARPENTRY, INC.    Principal Place of Business   Malling Address   Mall		ANNOAL	. KEFOKI					<u> </u>		•	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suito Apr. 4. etc.   Suito Apr. 4. etc.   On 182008 Chg. P CR2E034 (12/06)  City & Stato   City & City & City & Stato   City &	1. Entity Nam	ne .						_			
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Subsection   Sub									V		
Sulfo Apt. #. etc.    Sulfo Apt. #. etc.   Sulfo Apt. #. etc.   O1182008   Chg. P   CR2E034 (12/06)   Clay & State   Cliy & State   4. FEI Number   65-0759344   Not Applicable For 65-075944   Not Applicable For 65-075944	CAPE CORAL, FL 33991 CAPE CORAL, FL 3399			91		1 18711831 118		NIFE NUEDI BIIM ON	<b>1101 1</b> 4411 11111 181		
City & State  Country  Set Country  S	Principal Place of Business - No P.O. Box #     3. Mailing Address										
State   Country   Zip   Country   State   Country   State   Country   State	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E0	34 (12/06)		
S. Name and Address of Current Registered Agent  JOHNSON, DAVID A 2221 SW 18TH TERR CAPE CORAL, FL 33991  City  FL  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  Name  Signature of registered agent.  Signatur	City & State		City & State		1				`		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered a	Agent		
CAPE CORAL, FL 33991  City FL Zip Codo  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 Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or prilife integral displants agent and life if acceptance	JOHNSON	I, DAVID A									
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, and accept into obligations of registered agent.  SIGNATURE    Signature, lapset or private registered agent.   (NOTE, Registered Agent signature received when remainters)   DATE					Street Address	(P.O. Box Numbe	r is Not Acceptat	ole)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam tamiliar with, and accept the doligations of registered agent.    SIGNATURE					City		<u> </u>	FI	Zip Code	•	
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