FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2008 90018 004 ***150.00
P97000091670

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP -9 AM 7:59

DOCUMENT # ~~P00000242702~~

1. Entity Name
Johnny James P97000091670
Johnny James Inc

DO NOT WRITE IN THIS SPACE

40110396 B 9/9/08

REINSTATEMENT 07-08

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box	3. Mailing Address
1920 S. Ocean Blvd.	1520 S. Ocean Blvd.
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State Delray Beach Fl	City & State Delray Beach Fl.
Zip 33483 Country US	Zip 33483 Country US

4. FEI Number 650995852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Johnny James

Street Address (P.O. Box Number is Not Acceptable)
1920 S. Ocean Blvd. #6

City Delray Beach FL Zip Code 33483

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.

400135963544
09/16/08--01019--017 **150.00

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Johnny James
STREET ADDRESS	1920 S. Ocean Blvd. #6
CITY-ST-ZIP	Delray Beach Fl. 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Johnny D James 7/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #