

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000105164

1. Entity Name
JOHNSON'S AUTO REPAIR, INC.



Principal Place of Business
**3016 S ADAMS ST
TALLAHASSEE, FL 32301**

Mailing Address
**3016 S ADAMS ST
TALLAHASSEE, FL 32301**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492803	Applied For 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 F
3016 S ADAMS ST
TALLAHASSEE, FL 32301**

**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. ☐ **\$5.00** May Be
Added to Fees

U000000583257
01/11/07-80065-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, WILLIAM F
STREET ADDRESS	3016 S. ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	VP
NAME	JOHNSON, KEVIN F
STREET ADDRESS	3016 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	VP
NAME	JOHNSON, WILLIAM G
STREET ADDRESS	3016 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	S
NAME	JOHNSON, ELOISE
STREET ADDRESS	3016 S ADAMS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

William F. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-07 *450-877-2626*