

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**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



01042008 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"/>	<b>\$8.75</b> 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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	

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01/14/08-80024-006 150.00

**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

1-8-08

Date

850-877-2626

Daytime Phone #