


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000007433 1. Entity Name STEVE JOHNSON DECORATIVE FLOORS, INC.	
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Principal Place of Business 418 MURILLO DR NOKOMIS, FL 34275	Mailing Address 418 MURILLO DR NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0813453	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 HOGARTH, RON 280 CVAPEI ISLES BLVD., STE 2 VENICE, FL 34292	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEVEN C 418 MURILLO DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JOAN 418 MURILLO DR. NOKOMIS, FL 34275
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Johnson Joan Johnson 1/22/08 941 922 2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #