

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90050 010 \*\*\*150.00

**DOCUMENT # P99000024287**

1. Entity Name

JOHNSON AND GANN ENTERPRISES, INC.



Principal Place of Business

4237 SALISBURY RD., STE. 306  
JACKSONVILLE, FL 32216

Mailing Address

4237 SALISBURY RD., STE. 306  
JACKSONVILLE, FL 32216

40073001



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3564221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GANN, DAVID E  
4237 SALISBURY RD., STE. 306  
JACKSONVILLE, FL 32216

**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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JOHNSON, DAVID  
STREET ADDRESS 1104 GIRVIN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D  
NAME GANN, DAVID E  
STREET ADDRESS 1491 BRIDGETTE WAY  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

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

**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:** \_\_\_\_\_

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

David Gann, V.P. 4-3-07 6304/296-0353