


2005 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 024 ***150.00

DOCUMENT # P99000029739

1. Entity Name
H & H JOHNSON TRUST, INC.



Principal Place of Business: **5652 S.W. COUNTY ROAD 769 ARCADIA FL 34266**

Mailing Address: **6729 SW CR 769 ARCADIA FL 34269**

2. Principal Place of Business: *SA*

3. Mailing Address: **5652 S.W. County Rd. 769**

Suite, Apt. #, etc.:

City & State: **ARCADIA, FL**

Zip: **34269** Country: **DeSoto**



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-3603925**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, HILDA
5652 S.W. COUNTY ROAD 769
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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, 2005 Fee Will Be \$550.00
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: D <input type="checkbox"/> Delete	NAME: JOHNSON, HILDA
STREET ADDRESS: 5652 S.W. COUNTY ROAD 769	CITY-ST-ZIP: ARCADIA FL 34269
TITLE: D <input type="checkbox"/> Delete	NAME: JOHNSON, JERALD
STREET ADDRESS: 1324 SW COUNTY ROAD 661	CITY-ST-ZIP: ARCADIA FL 34266
TITLE: D <input type="checkbox"/> Delete	NAME: RIGGS, LYNETTE
STREET ADDRESS: 6634 S.W. COUNTY ROAD 769	CITY-ST-ZIP: ARACADIA FL 34269
TITLE: D <input type="checkbox"/> Delete	NAME: CLINE, JANENE
STREET ADDRESS: 6729 S.W. COUNTY ROAD 769	CITY-ST-ZIP: ARCADIA FL 34269
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 5652 S.W. County Rd. 769	CITY-ST-ZIP: Arcadia, FL 34269
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Hilda Johnson **Hilda Johnson** 4/11/05 (863) 494-3335

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