

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90019 017 ***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

5652 S.W. COUNTY ROAD 769
ARCADIA FL 34266



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3603925

Applied For
Not Applicable

Zip

Country

Zip

Country

34269

34269

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

34269

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 fee (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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	CLINE, JANENE	
STREET ADDRESS	5652 SW CTY RD 769	
CITY ST ZIP	ARCADIA FL 34269	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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: *Hilda Johnson* Hilda Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-07 (863) 494-3335

Date

Daytime Phone #