


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 017 ***150.00

DOCUMENT # P99000034397

1. Entity Name
 STEVEN W. JOHNSON, P.A.




Principal Place of Business
~~100 S BUMBY AVE, STE. B~~
~~ORLANDO, FL 32803~~ ~~HS~~
 109 E. Church St. Fifth Floor
 Orlando, FL 32801

Mailing Address
~~100 S BUMBY AVE, STE. B~~
~~ORLANDO, FL 32803~~ ~~HS~~
 109 E. Church St. 5th Floor
 Orlando, FL 32801

2. Principal Place of Business
 109 E. Church St.
 Suite, Apt. #, etc.
 5th Floor
 City & State
 Orlando, FL 32801
 Zip
 32801
 Country
 USA

3. Mailing Address
 109 E. Church St.
 Suite, Apt. #, etc.
 5th Floor
 City & State
 Orlando, FL
 Zip
 32801
 Country
 USA

40066260



04252006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3569584
 Applied For
 Not Applicable

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

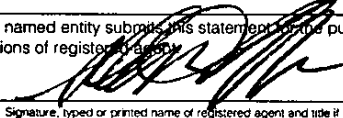
6. Name and Address of Current Registered Agent

JOHNSON, STEVEN W
 100 S BUMBY AVE, STE. B
 ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 109 E. Church St.
 5th Floor
 City
 Orlando, FL
 FL
 Zip Code
 32801

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:  DATE: April 25, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

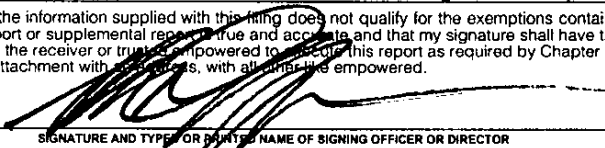
10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME JOHNSON, STEVEN W	
STREET ADDRESS 100 S BUMBY AVE, STE. B	
CITY-ST-ZIP ORLANDO, FL 32803	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 109 E. Church St., Fifth Floor	
CITY-ST-ZIP Orlando, FL 32801	
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 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 file 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 the officers, with all officers like empowered.

SIGNATURE:  DATE: April 25, 2006 DAYTIME PHONE #: 407 649-4800

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR