

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90429 033 ***150.00

DOCUMENT # P99000057584 1. Entity Name LAW OFFICE OF SCOTT JOHNI, P.A.					
Principal Place of Business 200 S. HOOVER BLVD. SUITE 190 TAMPA, FL 33609 US			Mailing Address PO BOX 24508 TAMPA, FL 33623		
2. Principal Place of Business 105 S. Edison Ave.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa Florida		City & State Suite, Apt. #, etc.		04282006 Chg-P CR2E034 (11/05)	
Zip 33606		Country U.S.		4. FEI Number 59-3586861	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNI, SCOTT T 200 S. HOOVER BLVD. SUITE 190 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Johni, Scott T Street Address (P.O. Box Number is Not Acceptable) 105 S. Edison Avenue City Tampa FL Zip Code 33606		
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 <u><i>Scott T. Johni, President</i></u> DATE <u><i>4/28/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNI, SCOTT T. 200 S. HOOVER BLVD., STE 190 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Johni, Scott T. 105 S. Edison Avenue Tampa, FL 33606
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNI, LISA M 200 S. HOOVER BLVD., STE 190 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Johni, Lisa M. 105 S. Edison Avenue Tampa, FL 33606
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Lisa M. Johni, Secretary</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/28/06</i></u> Daytime Phone # <u><i>813 286-2811</i></u>		

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