## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P99000062727

1. Entity Name JULIE L. JOHNSON, LMT, INC.



**FILED** Apr 21, 2008 08:00 A Secretary of State

Not Applicable

Principal Place of Business

Mailing Address

3148 SOUTHGATE CIRCLE SARASOTA, FL 34239

SARASOTA, FL. 34232

3148 SOUTHGATE CIRCLE SARASOTA, FL 34239



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DO NOT WRITE IN THIS CRACE	04132008	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE	4. FEI Number	<u> </u>	Applied F

	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		

JOHNSON, JULIE L 4037 ARROW WAY

## DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0933133

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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000908235 05/06/08-80025-002 150,00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JULIE L 4037 ARROW WAY SARASOTA, FL 34232					
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
12. I hereby o	certify that the information supplied with this fil	ing does not quality for the exe	emptions cont	ained in Chapter 119	9. 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.

moon SIGNATURE: ( NTED NAME OF SIGNING OFFICER OR DIRECTOR