

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90117 007 ***150.00

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1. Entity Name

JOHANSEN - JELINEK CORPORATION

Principal Place of Business

411 19TH ST S
SAINT PETERSBURG FL 33711
US

Mailing Address

4080 39TH ST S
SAINT PETERSBURG FL 33712
US

2. Principal Place of Business

3. Mailing Address

411 19TH ST S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG

Zip 33712

Country US

Zip 33712

Country US

4. FEI Number

84-1167502

Applied For

Not Applicable

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

JOHANSEN, TOM
4080 39TH ST S
SAINT PETERSBURG FL 33712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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 | P | <input type="checkbox"/> Delete |
| NAME | JOHANSEN, TOM | |
| STREET ADDRESS | 4080 39TH ST S | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33712 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | JOHANSEN, SUE | |
| STREET ADDRESS | 4080 39TH ST S | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33712 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHANSEN, PAUL | |
| STREET ADDRESS | 4080 39TH ST S | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33712 | |
| 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 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 |
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| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #