

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109454		
1: Entity Name	HAL R. JOHNSON, CPA, PA	
Principal Place of Business		Mailing Address
4505 FERNACROFT CIRCLE TAMPA, FL 33629		4505 FERNACROFT CIRCLE TAMPA, FL 33629
<p>DO NOT WRITE IN THIS SPACE</p>		



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A standard linear barcode is located at the top of the page, consisting of vertical black lines of varying widths on a white background.

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3615939	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p>JOHNSON, HAL R 4505 FERN CROFT CIRCLE TAMPA, FL 33629</p>	<p>DO NOT WRITE IN THIS SPACE</p>
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<p>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.</p> <p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable</p> <p>(NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	

01/12/06-80017-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JOHNSON, HAL R
STREET ADDRESS	4505 FERN CROFT CIRCLE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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:-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 / 5 / 06

Date

Daytime Phone #