

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000109454**

1. Entity Name  
HAL R. JOHNSON, CPA, PA



Principal Place of Business      Mailing Address  
4505 FERN CROFT CIRCLE      4505 FERN CROFT CIRCLE  
TAMPA, FL 33629      TAMPA, FL 33629



01112008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-3615939      Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNSON, HAL R  
4505 FERN CROFT CIRCLE  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U000000781431  
01/15/08-80034-010 150.00

**10. OFFICERS AND DIRECTORS**

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

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

1/11/08

813-288-9777