2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # S22479

1. Entity Name

J. JOHNSON WHOLESALE, INC.

FILED
Mar 25, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
SARASOTA INDUSTRIAL PARK 2044 47TH STREET SARASOTA FL 34234 US	C/O JEROME JOHNSON UNIT 2A, 9226 MIDNIGHT PASS RD SARASOTA FL 34242 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE   CR2E034 (10/04)

4. FEI Number 65-0229759	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
JOHNSON, JEROME D. UNIT 2A 9226 MIDNIGHT PASS RD SARASOTA FL 34242	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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: JOHNSON, JEROME D. STREET ADDRESS: UNIT 2A, 9226 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA FL 34242	☐ Delete	TITLE NAME U00000276142 STREET ADDRESS 03/25/05-80029-023 150.00 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Jerome D. Johnson President_   3-23-05   941-351-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEROME D. JOHNSON   Date   Daytime Phone #