


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 322710**  
1. Entity Name  
**JOHNSON ENGINEERING, INC.**



Principal Place of Business 2158 JOHNSON STREET PO BOX 1550 FORT MYERS, FL 33902	Mailing Address 2158 JOHNSON STREET PO BOX 1550 FORT MYERS, FL 33902
---	---

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1173834	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MORRISON, STEVEN K  
2158 JOHNSON ST  
FT MYERS, FL 33901

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, STEVEN K 1231 WALDEN DR FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BULL, GARY R 2516 SW 51ST ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TILTON, ANDREW D 18810 SERENOA CT ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000092988  
03/19/04-80031-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** Gary R. Bull **GARY R. BULL** 3-12-04 (239) 334-0046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #