2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 322710

FILED Mar 16, 2005 Secretary of State

Entity Name: JOHNSON ENGINEERING, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
O BOX 1	NSON STREE 550 ERS, FL 3390:			
Current Mailing Address:		New Mailing Address:		
O BOX 1	NSON STREE 550 ERS, FL 3390:			
El Number	59-1173834	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	N, STEVEN K NSON ST			
	S, FL 33901	US		
T MYERS he above	6, FL 33901		ourpose of changing its registere	ed office or registered agent, or both,
T MYERS he above	5, FL 33901 named entity se of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
T MYERS The above In the State	named entity se of Florida.			ed office or registered agent, or both, Date
T MYERS The above the State SIGNATUR	named entity se of Florida. RE: Electror	submits this statement for the բ		
T MYERS The above the State SIGNATUI SIGNATUI	named entity se of Florida. RE: Electror	submits this statement for the particles of Registered Age of Trust Fund Contribution ().	ent	
T MYERS The above the State SIGNATUI SIGNATUI	named entity se of Florida. RE: Electror npaign Financing	submits this statement for the particle Signature of Registered Age Trust Fund Contribution (). TORS: Delete TEVEN K DR	ent	Date
The above the above the State of the State o	named entity set of Florida. RE: Electror mpaign Financing S AND DIREC PD () MORRISON, S' 1231 WALDEN FT MYERS, FL	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution (). TORS: Delete FEVEN K DR 33901 Delete ST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. BULL STD 03/16/2005