

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/30/2005-90031-021-\$150.00-\$150.00

DOCUMENT # P03000127282
 1. Entity Name
VOLTTECH JOHNSON SOUTH, INC.



Principal Place of Business Mailing Address
 3226 SE FIRST AVENUE 3226 SE FIRST AVENUE
 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US

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FILED
 05 SEP 30 AM 11:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 52-2413091 Not Applicable

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

6. Name and Address of Current Registered Agent
 JOHNSON, FRED T JR.
 3226 SE FIRST AVENUE
 CAPE CORAL, FL 33904

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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 rehashing)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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	DIR JOHNSON, FRED T JR. 3226 SE FIRST AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR JOHNSON, PATRICIA 3226 SE FIRST AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR JOHNSON, FRED T III. 3226 SE FIRST AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES JOHNSON, FRED T JR. 3226 SE FIRST AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA JOHNSON, PATRICIA 3226 SE FIRST AVENUE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HASSELL, LISA 3226 SE FIRST AVENUE CAPE CORAL, FL 33904

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Handwritten signature

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 in case 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:  8/18/05 239-560-3095
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #