


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000101159  
 1. Entity Name  
 JOHNSON-PREWITT & ASSOCIATES, INC.



Principal Place of Business: 850 WEST VENTURA AVENUE, CLEWISTON FL 33440  
 Mailing Address: P.O. BOX 1029, CLEWISTON FL 33440, US

2. Principal Place of Business: Suite, Apt #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt #, etc., City & State, Zip, Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
 PERRY, THOMAS C JR  
 850 WEST VENTURA AVENUE  
 CLEWISTON FL 33440

4. FEI Number: 65-0713092  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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	
TITLE: CPST NAME: PERRY, THOMAS C JR STREET ADDRESS: 850 WEST VENTURA AVENUE CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: V NAME: TULLOS, R C STREET ADDRESS: 850 WEST VENTURA AVENUE CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: V NAME: BENAVIDES, ARMANDO L STREET ADDRESS: 850 WEST VENTURA AVENUE CITY-ST-ZIP: CLEWISTON FL 33440	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/02/05-80057-005 150.00

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: Thomas C. Perry, Jr. 1-26-05 (863-983-9188)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas C. Perry, Jr. pres.  
 Date: 1-26-05 Daytime Phone #: (863) 983-9188