


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0713092

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, THOMAS C JR
850 WEST VENTURA AVENUE
CLEWISTON, FL 33440

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
TITLE	V
NAME	TULLOS, R C
STREET ADDRESS	850 WEST VENTURA AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	V
NAME	BENAVIDES, ARMANDO L
STREET ADDRESS	850 WEST VENTURA AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80042-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____