



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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
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DO NOT WRITE IN THIS SPACE

	
01072008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0713092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008 Fee will be \$550.00

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

U00000784615
01/16/08-80060-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST PERRY, THOMAS C JR 850 WEST VENTURA AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TULLOS, R C 850 WEST VENTURA AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENAVIDES, ARMANDO L 850 WEST VENTURA AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Scott F. Jones **Scott F. Jones** 1/11/8 863-983-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #