


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

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90043 020 ***150.00

DOCUMENT # 183576	
1. Entity Name I.J. JOHNSON INC	

DO NOT WRITE IN THIS SPACE

60013407

2. Principal Place of Business 3570 HWY 297A Suite, Apt. #, etc. CANTONMENT, FL City & State		3. Mailing Address 3570 HWY 297A Suite, Apt. #, etc. CANTONMENT, FL City & State	
Zip 32533	Country	Zip 32533	Country

CR2E034B (8/05)

4. FEI Number 59-0735582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current 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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	CPD JOHNSON DARYL 3570 HWY 297A CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO JOHNSON CHERYL 3570 HWY 297A CANTONMENT, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL JOHNSON - PRES 1-25-06 (850) 472-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #