


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005150 1. Entity Name E. JOHNSON, INC.	
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Principal Place of Business 1521 BEACHWALKER DR. FERNANDINA BEACH, FL 32034	Mailing Address 1521 BEACHWALKER DR. FERNANDINA BEACH, FL 32034
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

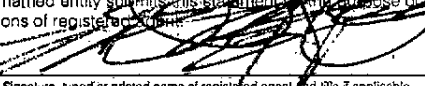
4. FEI Number 36-3087681	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, EDWIN B
1521 BEACHWALKER DR.
FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement as true and correct on behalf of preparing 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  Edwin B. Johnson 2/1/05
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

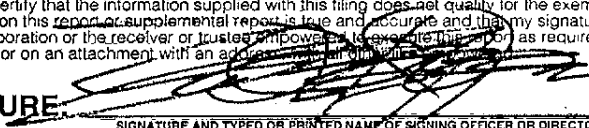
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000232028 02/16/05-80059-005 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC JOHNSON, EDWIN B 1521 BEACHWALKER DR. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, EDWIN B 1521 BEACHWALKER DR. FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, JODIE A 1521 BEACHWALKER DR. FERNANDINA BEACH, FL 32034
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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)(f), 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 change in the information.

SIGNATURE  2/2/05 904-491-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #