

2005- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90124 004 ***150.00

DOCUMENT # H76505

1. Entity Name

JOHNSON-WELTY CORPORATION



Principal Place of Business

14850 LEWIS ROAD
MIAMI LAKES FL 33014
US

Mailing Address

14850 LEWIS ROAD
MIAMI LAKES FL 33014
US

2. Principal Place of Business

~~14850 LEWIS ROAD~~

3. Mailing Address

~~14850 LEWIS ROAD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

~~MIAMI LAKES - FLA~~

City & State

~~MIAMI LAKES - FL~~

Zip

~~33014~~

Country

~~USA~~

Zip

~~33014~~

Country

~~USA~~

4. FEI Number

59-2584085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID R.
14850 LEWIS ROAD
MIAMI LAKES FL 33014

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

David Johnson
Signature, typed or printed name of registered agent and title if applicable

DAVID JOHNSON
(NOTE: Registered Agent signature required when reinstating)

DATE

4/06/2005

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 PSD ☐ Delete
NAME JOHNSON, DAVID R
STREET ADDRESS 14850 LEWIS ROAD
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Johnson *res* *DAVID JOHNSON*

Date

Daytime Phone #

4/06/2005 *364-8936* *(305)*