


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90223 001 \*\*\*300.00

<b>DOCUMENT # M72265</b> 1. Entity Name <b>JOHNSON BROTHERS PRECISION PRECAST PRODUCTS, INC.</b>	
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Principal Place of Business <b>10307 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 US</b>	Mailing Address <b>10307 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 US</b>
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**66010203**

**DO NOT WRITE IN THIS SPACE**

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0045122</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**JOHNSON, DAVID L.  
10307 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JOHNSON, ROBERT A. 17031 KATYDID LANE IMMOKALEE, FL 34142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, DAVID L. 10351 BINKY LANE BONITA SPRINGS, FL 34135</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:** David L. Johnson **1-24-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #