2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M72265

1. Entity Name
JOHNSON BROTHERS PRECISION PRECAST PRODUCTS, INC.

Principal Place of Business	Mailing Address
10307 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 US	10307 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 US

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0045122	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

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

000000439248
03/01/06-80038-004 300.00

FILE NOW!!! FEE IS $150.00 After May 1, 2006 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSON, ROBERT A.
STREET ADDRESS	17031 KATYDID LANE
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	P
NAME	JOHNSON, DAVID L.
STREET ADDRESS	10351 BINKY LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: ✓ David L. Johnson   1-25-06   239 947-6734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #