

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90223 001 ***300.00

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1. Entity Name
**JOHNSON ENTERPRISES OF NORTHWEST FLORIDA,
INC.**



Principal Place of Business
**C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR, STE 1014
FT WALTON BEACH, FL 32547**

Mailing Address
**C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR, STE 1014
FT WALTON BEACH, FL 32547**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3679186	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
909 MAR WALT DR, STE 1014
FT WALTON BEACH, FL 32547**

**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 _____

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

(NOTE: Registered Agent signature required when renouncing)

DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CHARLES B 906 SARA DR SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DONNA R 906 SARA DR SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, AMANDA K 906 SARA DR SHALIMAR, FL 32579
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 850-651-3911
Date Daytime Phone #