


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 025 ***150.00

| | |
|---|---|
| DOCUMENT # P03000071765 1. Entity Name MICHAEL E. JOHNSON, INC. |  |
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| Principal Place of Business 6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308 | Mailing Address 6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308 |
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 04-3766164 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ADAMS, NATALIE
1333 NW 87 AVE
CORAL SPRINGS, FL 33071

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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 _____ (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. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHNSON, MICHAEL E 6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308 |
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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)(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: Michael E. Johnson 4/22/05 954 9636500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #