## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000089452

Entity Name: JOHNSON ENTERPRISES AND HOLDINGS, INC.

FILED May 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5 WILLARD DR 1835 US HIGHWAY 1 S STE 119

SUITE #638 # 339

ST. AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

P O BOX 170 P O BOX 170

ST. AUGUSTINE, FL 32085 ST AUGUSTINE, FL 32085

FEI Number: 20-0161538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, ROBERT C JOHNSON, ROBERT 5 WILLARD DR P O BOX 170

SUITE #638 ST AUGUSTINE, FL 32085 US ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE: ROBERT JOHNSON 05/01/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: JOHNSON, ROBERT C Name: JOHNSON, ROBERT Address: P O BOX 170 Address: P O BOX 170

City-St-Zip: ST. AUGUSTINE, FL 32085 City-St-Zip: ST AUGUSTINE, FL 32085

Title: S () Delete Title: S (X) Change () Addition

 Name:
 JOHNSON, JULIE M
 Name:
 JOHNSON, JULIE Address:
 P O BOX 170
 Address:
 P O BOX 170

City-St-Zip: ST. AUGUSTINE, FL 32085 City-St-Zip: ST AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JOHNSON P 05/01/2005