


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED


Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000108271					
1. Entity Name DWIGHT JOHNSON INC.					
Principal Place of Business 18456 MONET AVENUE PORT CHARLOTTE FL 33948 US			Mailing Address 18456 MONET AVENUE PORT CHARLOTTE FL 33948 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0272209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, DWIGHT 18456 MONET AVENUE PORT CHARLOTTE FL 33948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DWIGHT		NAME	000000214317	
STREET ADDRESS	18456 MONET AVENUE		STREET ADDRESS	02/04/05-80007-014 150.00	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALLOW, KENNETH		NAME		
STREET ADDRESS	18443 MORRISON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ADELE		NAME		
STREET ADDRESS	18456 MONET AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

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:  Dwight Johnson
18456 Monet Ave.
Port Charlotte, Florida 33948

Daytime Phone #