


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122715 1. Entity Name JOHNSON POOL BUILDERS INC.		
Principal Place of Business 3051 HERRING RD. JACKSONVILLE, FL 32216	Mailing Address 3051 HERRING RD. JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHNSON, WHEYLAN E 3051 HERRING RD. JACKSONVILLE, FL 32216		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div> DATE _____ </div> </div>		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	DPST	
NAME	JOHNSON, WHEYLAN E	
STREET ADDRESS	3051 HERRING RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VP	
NAME	JOHNSON, GAIL W	
STREET ADDRESS	3051 HERRING RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		DO NOT WRITE IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Wheylan E. Johnson</u> <u>Wheylan E. Johnson</u> / -2605 904-7319835 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0349731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/26/05-80025-018 150.00