

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000147619

1. Entity Name

EDWARD R. JOHNSON INC.



Principal Place of Business  
15346 SANTA FE TRAIL  
EUSTIS FL 32726

Mailing Address  
15346 SANTA FE TRAIL  
EUSTIS FL 32726

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

38-3693949

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name EDWARD R. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

15346 SANTA FE TR.

City EUSTIS

FL

Zip Code 32726

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 EDWARD R. JOHNSON

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

(NOTE: Registered Agent signature required when amending)

4-18-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May I  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, EDWARD R  
STREET ADDRESS 15346 SANTA FE TRAIL  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE VD  
NAME JOHNSON, LARRY D  
STREET ADDRESS 15346 SANTA FE TRAIL  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)