2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90268 043 ***150.00

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1. Entity Name
DAVID C. JOHNSON AND ASSOCIATES INC.

Principal Place of Business	Mailing Address
4883 SYLVANIA AVE NORTH PORT, FL 34286	4883 SYLVANIA AVE NORTH PORT, FL 34286

40002308

01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4303 FLAMINGO BLVD	4303 FLAMINGO BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE FL	City & State: PORT CHARLOTTE FL
Zip: 33948 Country: Charlotte	Zip: 33948 Country: Charlotte

4. FEI Number: 20-1594046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID C
4883 SYLVANIA AVE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name: JOHNSON, DAVID C.
Street Address (P.O. Box Number is Not Acceptable): 4303 FLAMINGO BLVD
PORT CHARLOTTE FL Zip Code 33948

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, DAVID C 4883 SYLVANIA AVE NORTH PORT, FL 34286	☐ Delete	P Johnson, David C. 4303 FLAMINGO BLVD PORT CHARLOTTE FL 33948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHNSON, DAVID C 4883 SYLVANIA AVE NORTH PORT, FL 34286	☐ Delete	S Johnson, David C. 4303 FLAMINGO BLVD PORT CHARLOTTE FL 33948	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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

SIGNATURE: [signature] 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #