

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 043 ***150.00

DOCUMENT # P04000127830	
1. Entity Name DAVID C. JOHNSON AND ASSOCIATES INC.	

Principal Place of Business 4883 SYLVANIA AVE NORTH PORT, FL 34286	Mailing Address 4883 SYLVANIA AVE NORTH PORT, FL 34286
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40002308



2. Principal Place of Business 4303 FLAMINGO BLVD	3. Mailing Address 4303 FLAMINGO BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

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
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 JOHNSON, DAVID C. 4303 FLAMINGO BLVD PORT CHARLOTTE FL 33948	

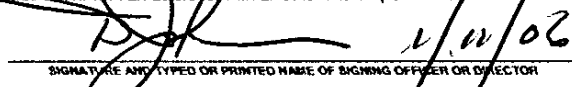
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) 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
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 of the corporation; that I am 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 the attachment with an address with all other like empowered.

SIGNATURE:  **1/11/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #