2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139178

Entity Name: BETTIS EDWARDS JOHNSON, INC

FILED Feb 17, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2057 S US FT PIERCE						
Current Mailing Address:			New Mailii	New Mailing Address:		
2057 S US FT PIERCE						
FEI Number: 2	20-3603846	FEI Number Applied For () FEI Nu	ımber Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FLOWERS, 2057 S US ⁷ FT PIERCE	1	US				
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.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
	P () I JOHNSON, ALFO 1127 SW FORES PT ST LUCIE, FL	STHILL	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () I BETTIS, CHARLI 2525 TRUMAN A PENSACOLA, FL	VE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BETTIS, CHARLES A JR 2525 TRUMAN AVE PENSACOLA, FL 32505		
Name: Address:	TREA () I EDWARDS, GIB 1614 SKYHAWK PENSACOLA, FL	DR	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition BETTIS, CHARLES A SR 1614 SKYHAWK DR PENSACOLA, FL 32506		
Title: Name: Address: City-St-Zip:	SEC () I JOHNSON, ALFO 1127 SW FORES PORT ST LUCIE	ONSO L JR STHILL COVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition JOHNSON, LARRY L 2057 SOUTH US 1 FORT PIERCE, FL 34950		
Title: Name: Address: City-St-Zip:	()!	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition JOHNSON, BERYL Y 2057 SOUTH US 1 FORT PIERCE, FL 34950		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO JOHNSON P 02/17/2006