



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P10011 1. Entity Name JOHNSON'S MODERN ELECTRIC COMPANY, INCORPORATED																																																																																																																													
Principal Place of Business Mailing Address 6629 OLD US 421 HWY 6629 OLD US HWY EAST BEND NC 27018 EAST BEND NC 27018 US US				 1st MOORE CR2E034 (10/04)																																																																																																																									
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip		Country		4. FEI Number 56-0928529 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 </div>																																																																																																																									
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																																																																																																																													
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> DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, STEVEN G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2312 BLOOMTOWN ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>EAST BEND NC</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LINDA K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2312 BLOOMTOWN ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>EAST BEND NC</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASS, LOUISE T.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2733 FJORBUSH ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>EAST BEND NC</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, ZACHARY G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1728 BALTIMORE RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>EAST BEND NC 27018</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMPSON, LEONARD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>178 SALEM FORD ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ELKIN NC</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000304969</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>04/14/05-80061-025 150.00</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	JOHNSON, STEVEN G.		STREET ADDRESS	2312 BLOOMTOWN ROAD		CITY- ST- ZIP	EAST BEND NC		TITLE	V	<input type="checkbox"/> Delete	NAME	JOHNSON, LINDA K.		STREET ADDRESS	2312 BLOOMTOWN ROAD		CITY- ST- ZIP	EAST BEND NC		TITLE	S	<input type="checkbox"/> Delete	NAME	CASS, LOUISE T.		STREET ADDRESS	2733 FJORBUSH ROAD		CITY- ST- ZIP	EAST BEND NC		TITLE	V	<input type="checkbox"/> Delete	NAME	JOHNSON, ZACHARY G		STREET ADDRESS	1728 BALTIMORE RD		CITY- ST- ZIP	EAST BEND NC 27018		TITLE	V	<input type="checkbox"/> Delete	NAME	SIMPSON, LEONARD M		STREET ADDRESS	178 SALEM FORD ROAD		CITY- ST- ZIP	ELKIN NC		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	U000000304969		CITY- ST- ZIP	04/14/05-80061-025 150.00		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <i>Louise T. Cass</i> Louise T. CASS 1/19/2005 336 699 3957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													