

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000014831

1. Entity Name
JOHNSON INTERNATIONAL, INC.



Principal Place of Business
C/O 136 S RIDGEWOOD DR
SEBRING, FL 33870-336 US

Mailing Address
C/O 136 S RIDGEWOOD DR
SEBRING, FL 33870-336 US



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0382585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN0000237454
02/21/05-80060-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JOHNSON, LAWRENCE W
4433 BELLA VISTA CIRCLE
FARMINGTON, NM 874019273

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PELLA, PATRICIA S.
136 S RIDGEWOOD DRIVE
SEBRING, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John S. Pella Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05

Date

863-382-2770

Daytime Phone #