


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 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
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0382585	Applied For <input 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 RHOADES, CLIFFORD R 227 NORTH RIDGEWOOD DRIVE SEBRING, FL 33870

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/06-80011-013 150.00

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: <u><i>Patricia S. Pella, Treas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-23-06 <small>Date</small>	863-382-2770 <small>Daytime Phone #</small>
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