

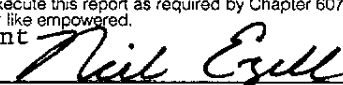


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000022329			
1. Entity Name JOHNSON EZELL CORPORATION			
Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764 US		Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764 US	
DO NOT WRITE IN THIS SPACE			
		04072005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3174106	
		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			
EZELL, NEIL 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000299950 04/11/05-80126-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	DC		
NAME	JOHNSON, KELLY R		
STREET ADDRESS	18167 US HWY 19 N., STE. 660		
CITY - ST - ZIP	CLEARWATER, FL 33764		
TITLE	DP		
NAME	EZELL, NEIL		
STREET ADDRESS	18167 US HWY 19 N., STE. 660		
CITY - ST - ZIP	CLEARWATER, FL 33764		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DO NOT WRITE 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)(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:		Neil Ezell, President	
		4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	