


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000026977	
1. Entity Name E. JOHNSON CARPENTRY, INC.	

Principal Place of Business 3901 DR M.L.K. BLVD SUITE 122 FORT MYERS FL 33916 US	Mailing Address 3901 DR M.L.K BLVD SUITE 114 FORT MYERS FL 33916 US
--	---

2. Principal Place of Business 3901 Dr M.L.K Blvd	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers Fla.	City & State
Zip 33914	Country Lee



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent JOHNSON, ELMER SR. 3033 THOMAS STREET FORT MYERS FL 33916	
---	--

4. FEI Number 65-0473928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	JOHNSON, ELMER SR.
STREET ADDRESS	3033 THOMAS STREET
CITY - ST - ZIP	FORT MYERS FL 33916
TITLE	P <input type="checkbox"/> Delete
NAME	JOHNSON, ELMER
STREET ADDRESS	3033 THOMAS ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	VP <input type="checkbox"/> Delete
NAME	BROUGHTON, MAE FRANCES
STREET ADDRESS	3033 THOMAS ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	S <input type="checkbox"/> Delete
NAME	JOHNS, JENNIFER
STREET ADDRESS	3033 THOMAS ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	T <input type="checkbox"/> Delete
NAME	JOHNSON, J
STREET ADDRESS	3033 THOMAS ST
CITY - ST - ZIP	FT MYERS FL 33916
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Elmer Johnson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25 2005