

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FEB 1 - 20

FILED -- 1 - 20

Apr 26, 2006 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0473928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ELMER SR.  
3033 THOMAS STREET  
FORT MYERS FL 33916

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/24/06  
Date

Daytime Phone #