

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 23, 2006 8:00 am
Secretary of State

02-02-2006 90081 022 ***150.00

66002253



1st MOORE CR2E034 (10/05)

DOCUMENT # P95000094480					
1. Entity Name W.T. JOHNSON, INC.					
Principal Place of Business 86077 MACAW ROAD YULEE FL 32097 US			Mailing Address 86077 MACAW ROAD YULEE FL 32097 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3355033	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, WALTER T 86077 MACAW ROAD YULEE FL 32097			Name <u>WALTER W. JOHNSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>86077 MACAW Rd</u> City <u>yulee FLA</u> FL Zip Code <u>32097</u>		
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 <u>Walter W. Johnson</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS JOHNSON, WALTER W 86077 MACAW ROAD YULEE FL 32097 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, STEPHEN C 1537 MANITA LANE FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 supplemental report is true and accurate and that my signature shall have the same legal effect as if it were signed by the person who prepared this report.

CR2E034 (10/05)

1st MOORE

Fold report so address appears in window



ATTACHMENT

66002253

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

W.T. JOHNSON, INC.
86077 MACAW ROAD
YULEE, FL 32097 US

Subject: W.T. JOHNSON, INC.

Reference Number: P95000094480

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

Sorry About That
W. Payne