


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90113 036 ***150.00

DOCUMENT # P97000019241	
1. Entity Name JOHNSON TRANSFER, INC.	

Principal Place of Business 6035 ELECTRA LANE PENSACOLA, FL 32507 US	Mailing Address 1301 W GARDEN ST PENSACOLA, FL 32501 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3429789	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BASS & SANDFORT ACCOUNTANTS 1301 WEST GARDEN STREET PENSACOLA, FL 32501

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  (NOTE: Registered Agent signature required when registering) DATE 4-25-05

**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JOHNSON, SHAUN 6035 ELECTRA LANE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, MICHELLE 6035 ELECTRA LANE PENSACOLA, FL 32507
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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)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Shelley Johnson DATE 4-25-05 Daytime Phone # _____

VICE President