



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000049405 1. Entity Name JOHNSON'S SELECT MOTORCARS, INC.	
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Principal Place of Business 1850 S.E. HWY. 19 CRYSTAL RIVER, FL 34429	Mailing Address 1850 S.E. HWY. 19 CRYSTAL RIVER, FL 34429
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DO NOT WRITE IN THIS SPACE

FILED
06 MAY 16 PM 12:05
SECRET
TALLAHASSEE, FLORIDA



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3583150	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

**JOHNSON, DANNY L
1850 S.E. HWY. 19
CRYSTAL RIVER, FL 34429**

**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 _____
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	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	D JOHNSON, DANNY L 1850 S.E. HWY. 19 CRYSTAL RIVER, FL 34429
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____