

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90031 041 \*\*\*150.00

40011560



01262005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0297874** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

JOHNSON, CECIL  
315 62ND COURT SW  
VERO BEACH, FL 32968

## 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**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, CECIL	
STREET ADDRESS	315 62ND COURT SW	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ANNA	
STREET ADDRESS	315 62ND COURT SW	
CITY-ST-ZIP	VERO BCH, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, J. SCOTT	
STREET ADDRESS	315 62ND COURT SW	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPRINGER, THOMAS B	
STREET ADDRESS	315 62ND COURT SW	
CITY-ST-ZIP	VERO BCH, FL 32968	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SPRINGER, JULIE J	
STREET ADDRESS	315 62ND COURT SW	
CITY-ST-ZIP	VERO BCH, FL 32968	
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
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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)(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:**

*Cecil Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date Daytime Phone #