

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S86192**

1. Entity Name  
**CECIL JOHNSON, INC.**



Principal Place of Business  
**315 62ND COURT SW  
VERO BEACH, FL 32968 US**

Mailing Address  
**P.O. BOX 703  
VERO BEACH, FL 32961 US**

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

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**

**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. ☐

**\$5.00 May Be  
Added to Fees**

**U00000416817  
02/13/06-80030-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
JOHNSON, CECIL  
315 62ND COURT SW  
VERO BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, ANNA  
315 62ND COURT SW  
VERO BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
JOHNSON, J. SCOTT  
315 62ND COURT SW  
VERO BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
SPRINGER, THOMAS B  
315 62ND COURT SW  
VERO BCH, FL 32968**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SPRINGER, JULIE J  
315 62ND COURT SW  
VERO BCH, FL 32968**

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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Cecil Johnson, President*

Date

Daytime Phone #

*2/3/06 772-567-0330*