


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V36177**

1. Entity Name  
**SPEEDY JOHNSON'S FUN CRUISE, INC.**



Principal Place of Business      Mailing Address

621 BEGONIA ST      P.O. BOX 318  
 EVERGLADES CITY, FL 34139 US      EVERGLADES CITY, FL 34139 US

**DO NOT WRITE IN THIS SPACE**



03062005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0335562	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PHILLIP E.  
 615 BEGONIA ST  
 EVERGLADES CITY, FL 34139

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PHILLIP 615 BEGONIA EVERGLADES CITY, FL 34139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MARGARET 615 BOGONIA ST EVERGLADES CITY, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Phillip E. Johnson      3/6/05      239-695-4448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #