

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130971

FILED  
May 02, 2005  
Secretary of State

Entity Name: MW JOHNSON CONSTRUCTION OF FLORIDA, INC.

## Current Principal Place of Business:

17645 JUNIPER PATH, STE.100  
LAKEVILLE, MN 55044

## New Principal Place of Business:

## Current Mailing Address:

17645 JUNIPER PATH, STE.100  
LAKEVILLE, MN 55044

## New Mailing Address:

FEI Number: 14-1861113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
8325 SOUTHWIND BAY CIRCLE  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

JOHNSON, TROY W VICE PR  
17693 SUMMERLIN ROAD  
FORT MYERS, FL 33908 US

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.

SIGNATURE: TROY W JOHNSON

05/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHNSON, WILLIAM  
Address: 17645 JUNIPER PATH, STE. 100  
City-St-Zip: LAKEVILLE, FL 55044

Title: D ( ) Delete  
Name: JOHNSON, TROY  
Address: 17645 JUNIPER PATH STE 100  
City-St-Zip: LAKEVILLE, MN 55044

Title: DP ( ) Delete  
Name: JOHNSON, WILLIAM  
Address: 17645 JUNIPER PATH STE 100  
City-St-Zip: LAKEVILLE, MN 55044

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JOHNSON, WILLIAM  
Address: 17645 JUNIPER PATH, STE. 100  
City-St-Zip: LAKEVILLE, FL 55044

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, TROY  
Address: 17645 JUNIPER PATH STE 100  
City-St-Zip: LAKEVILLE, MN 55044

Title: T/S (X) Change ( ) Addition  
Name: JOHNSON, MAUREEN K  
Address: 17645 JUNIPER PATH STE 100  
City-St-Zip: LAKEVILLE, MN 55044

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY W JOHNSON

VP

05/02/2005

Electronic Signature of Signing Officer or Director

Date