2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90176 038 ***158.75

DOCUMENT # P03000117563

1. Entity Name
JOHNNY PITTS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
8994 HICKORY HAMOCK RD MILTON, FL 32583	8994 HICKORY HAMOCK RD MILTON, FL 32583

02212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		4100 PACE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MILTON, FL	
Zip	Country	Zip: 32571	Country: SANTA ROSA

4. FEI Number: 56-2401784 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTS, JOHNNY J 8994 HICKORY HAMOCK RD MILTON, FL 32583	Name: Johnny J. Pitts Street Address (P.O. Box Number is Not Acceptable): 4100 PACE LANE City: Milton FL Zip Code: 32571

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] Johnny J. Pitts, P, VP, S/T 04-08-05
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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PITTS, JOHNNY J		NAME		
STREET ADDRESS	8994 HICKORY HAMOCK RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Johnny J. Pitts, P, VP, S/T 04-08-2005 (850) 994-9749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #