2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 219081

1. Entity Name
R.E. JOHNSON & SON INC

Principal Place of Business	Mailing Address
6470 JIM DAVIS ROAD PARRISH, FL 34219 US	6470 JIM DAVIS ROAD PARRISH, FL 34219 US

DO NOT WRITE IN THIS SPACE

01212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-0856470	Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, BRETT C
6470 JIM DAVIS ROAD
PARRISH, FL 34219

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

U00000728211
05/07/07-80008-006 150.00
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P,VP
NAME	JOHNSON, BRETT
STREET ADDRESS	6470 JIM DAVIS ROAD
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	T, S
NAME	JOHNSON, BRENDA JO
STREET ADDRESS	6470 JIM DAVIS ROAD
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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

SIGNATURE: _Brett C. John_   BRETT C. JOHNSON   4/19/07   (941)776-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #