## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 269295**

FILED Jan 06, 2004 Secretary of State

**Entity Name:** R.L. JOHNSON CONSTRUCTION CO.

**Current Principal Place of Business: New Principal Place of Business:** 1845 TOWN CENTER BLVD., SUITE 100 ORANGE PARK, FL 32003 **Current Mailing Address: New Mailing Address:** 1845 TOWN CENTER BLVD., SUITE 100 ORANGE PARK, FL 32003 FEI Number: 59-1057043 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, BRUCE D JOHNSON, BRUCE D 1845 TOWN CENTER BLVD. 1845 TOWN CENTER BLVD., SUITE 100 ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 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: 01/06/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JOHNSON, R.L. Name: Name: 3595 LAWRENCE ROAD Address: Address: City-St-Zip: ORANGE PARK, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: FITZMARTIN. CONNIE. Name: 2373 EGREMONT DR Address: Address: ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition JOHNSON, PEGGY, Name: Name: 3595 LAWRENCE RD. Address: Address: City-St-Zip: ORANGE PARK, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition JOHNSON, RAYMOND JR., Name: Name: Address: 411 SPRING VALLEY LANE Address: City-St-Zip: ALTAMONTE SPGS, FL City-St-Zip: Title: PDS ( ) Delete Title: () Change () Addition Name: JOHNSON, BRUCE, Name: 7417 FLEMING ISLAND DR Address: Address: City-St-Zip: GREEN COVE SPRGS, FL 32043 City-St-Zip:

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: BRUCE D. JOHNSON PDS 01/06/2004