

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269295

FILED
Mar 05, 2009
Secretary of State

Entity Name: R.L. JOHNSON CONSTRUCTION CO.

Current Principal Place of Business:

1845 TOWN CENTER BLVD., SUITE 100
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1845 TOWN CENTER BLVD., SUITE 100
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-1057043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BRUCE D
1845 TOWN CENTER BLVD., SUITE 100
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOHNSON, RAYMOND L
Address: 3595 LAWRENCE ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: FITZMARTIN, CONNIE M
Address: 1110 RUSH COURT
City-St-Zip: CELEBRATION, FL 34747

Title: SD () Delete
Name: JOHNSON, PEGGY J
Address: 3595 LAWRENCE RD.
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JOHNSON, JR, RAYMOND L
Address: 411 SPRING VALLEY LANE
City-St-Zip: ALTAMONTE SPGS, FL 32714

Title: PDS () Delete
Name: JOHNSON, BRUCE D
Address: 7417 FLEMING ISLAND DR
City-St-Zip: GREEN COVE SPRGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PDS (X) Change () Addition
Name: JOHNSON, BRUCE D
Address: 7417 FLEMING ISLAND DR
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date