

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42001

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: JOHNNY'S ROAD BORING, INC.

**Current Principal Place of Business:**

8202 US 98 N  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 873  
POLK CITY, FL 33868

**New Mailing Address:**

FEI Number: 59-2127639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASKEY, THERESA A  
6903 CONLEY DR  
POLK CITY, FL 33868 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: PD ( ) Delete  
Name: CASKEY, JOHNNY R  
Address: 6903 CONLEY DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: ST ( ) Delete  
Name: CASKEY, THERESA A  
Address: 6903 CONLEY DRIVE  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: THERESA A CASKEY

ST

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date