2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13973

FILED Mar 27, 2007 Secretary of State

Entity Name: JOHNNY L. ROBINSON CONSTRUCTION, INC.

Current Principal Place of Business: New Principal Place of Business:

189 GOODWIN CREEK ROAD 136 DEER RUN EAST

FREEPORT, FL 32439 US DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1152 136 DEER RUN EAST

FREEPORT, FL 32439 US DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 59-2422758 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:

ROBINSON, LOIS M

189 GOODWIN CREEK ROAD

136 DEER RUN EAST

DEFLINIAL SPRINGS

P.O. BOX 1152 DEFUNIAK SPRINGS, FL 32435 US FREEPORT, FL 32439 US

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: LOIS M. ROBINSON 03/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ROBINSON, JOHNNY L., Address: 189 GOODWIN CREEK ROAD Name: ROBINSON, JOHNNY L., Address: 136 DEER RUN EAST

City-St-Zip: FREEPORT, FL 32439 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VST () Delete Title: VST (X) Change () Addition

 Name:
 ROBINSON, LOIS,
 Name:
 ROBINSON, LOIS,

 Address:
 189 GOODWIN CREEK ROAD
 Address:
 136 DEER RUN EAST

City-St-Zip: FREEPORT, FL 32439 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete Title: D (X) Change () Addition Name: ROBINSON, LOIS, Name: ROBINSON, LOIS,

Name: ROBINSON, LOIS, Name: ROBINSON, LOIS,
Address: 189 GOODWIN CREEK ROAD Address: 136 DEER RUN EAST

City-St-Zip: FREEPORT, FL 32439 City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS M. ROBINSON D 03/27/2007