


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H70967		
1. Entity Name JOHNSTON & SIMONS CONCRETE PLACING AND FINISHING, INC.		
Principal Place of Business 16601 OLD US 41 FORT MYERS, FL 33912 US		Mailing Address 16601 OLD US 41 FORT MYERS, FL 33912 US
DO NOT WRITE IN THIS SPACE		
		03042005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2560538
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SIMONS, NANCY J 11615 TIMBERLINE CIRCLE FORT MYERS, FL 33912		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000268721 03/18/05-80051-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	SIMONS, NANCY J	
STREET ADDRESS	11615 TIMBERLINE CIRCLE	
CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	DVST	
NAME	JOHNSTON, THEODORE	
STREET ADDRESS	1203 WALDEN DRIVE	
CITY - ST - ZIP	FORT MYERS, FL 33901	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Nancy Jo Simons</u> <u>Nancy Jo Simons</u> <u>03/15/05</u> <u>239-415-3910</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		