

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000117052

1. Entity Name
 G.E. JOHNSON CONSTRUCTION, INC.



Principal Place of Business
 738 HELMSMAN WAY
 PALM HARBOR FL 34685

Mailing Address
 738 HELMSMAN WAY
 PALM HARBOR FL 34685



2. Principal Place of Business - No P O Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3742619**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, G.E.
 738 HELMSMAN WAY
 PALM HARBOR FL 34685

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME JOHNSON, GUNNAR E
 STREET ADDRESS 738 HELMSMAN WAY
 CITY- ST- ZIP PALM HARBOR FL 34685

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 UN00000680257
 04/04/07-80019-005 150.00

TITLE STD Delete
 NAME JOHNSON, THERESA E
 STREET ADDRESS 738 HELMSMAN WAY
 CITY- ST- ZIP PALM HARBOR FL 34685

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-07

727-784-1521