

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043333

1. Entity Name

ROY JOHNSON MASONARY, INC.



Principal Place of Business

221 S HUCKLEBERRY LK DR
SEBRING, FL 33875

Mailing Address

PO BOX 7821
SEBRING, FL 33872

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1099275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
227 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870

**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

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, ROY L
STREET ADDRESS	221 S HUCKLEBERRY LK DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	VP
NAME	JOHNSON, ROY L
STREET ADDRESS	221 S HUCKLEBERRY LK DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	S
NAME	JOHNSON, ROY L
STREET ADDRESS	221 S HUCKLEBERRY LK DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	T
NAME	JOHNSON, ROY L
STREET ADDRESS	221 S HUCKLEBERRY LK DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80016-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #