


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000093362 1. Entity Name BRUCE JOHNSON RESIDENTIAL CONTRACTOR, INC.	
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Principal Place of Business 245 RIO VISTA DR. SOPCHOPPY, FL 32358	Mailing Address 245 RIO VISTA DR. SOPCHOPPY, FL 32358
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL 18 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07172005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0751972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, BRUCE 245 RIO VISTA DR. SOPCHOPPY, FL 32358

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 ^{\$150.00} Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BRUCE 245 RIO VISTA DR. SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JANIE 245 RIO VISTA DR. SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, JESSE 245 RIO VISTA DR. SOPCHOPPY, FL 32358
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900057597009
07/18/05--01016--001 **\$150.00

DO NOT WRITE
IN THIS SPACE

Did not receive initial
notification for filing
of annual report - but
second notice card.
K. Meyer

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: Janie Johnson JANIE JOHNSON Date: 5/24-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR