


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000093362</b> 1. Entity Name <b>BRUCE JOHNSON RESIDENTIAL CONTRACTOR, INC.</b>	
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Principal Place of Business <b>245 RIO VISTA DR. SOPCHOPPY, FL 32358</b>	Mailing Address <b>245 RIO VISTA DR. SOPCHOPPY, FL 32358</b>
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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 <b>01-0751972</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, BRUCE  
245 RIO VISTA DR.  
SOPCHOPPY, FL 32358**

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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JOHNSON, BRUCE
STREET ADDRESS	245 RIO VISTA DR.
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	V
NAME	JOHNSON, JANIE
STREET ADDRESS	245 RIO VISTA DR.
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	ST
NAME	JOHNSON, JESSE
STREET ADDRESS	245 RIO VISTA DR.
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

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** 5/24-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #