

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000093362  
 1. Entity Name  
 BRUCE JOHNSON RESIDENTIAL CONTRACTOR, INC.



Principal Place of Business      Mailing Address  
 245 RIO VISTA DR.                      245 RIO VISTA DR.  
 SOPCHOPPY, FL 32358                      SOPCHOPPY, FL 32358



04252006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 01-0751972      Not Applicable

5. Certificate of Status Desired       \$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000557080  
 05/17/06-80030-018 150.00

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**

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: Janie Johnson      JANIE JOHNSON      4/24/06      850-524-7474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #