2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093362

FILED Apr 30, 2009 Secretary of State

Entity Name: BRUCE JOHNSON RESIDENTIAL CONTRACTOR, INC.

urrent P	Principal Place	of Business:	New Principal Place	of Business:
	'ISTA DR. PPY, FL 32358			
Current Mailing Address:		New Mailing Address:		
	'ISTA DR. PPY, FL 32358			
El Number	: 01-0751972	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
45 RIO V	N, BRUCE ISTA DR.			
	PPY, FL 32358			
he above	,		ourpose of changing its registere	ed office or registered agent, or both,
he above	e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity s e of Florida. RE:			ed office or registered agent, or both, Date
The above the State	e named entity s e of Florida. RE:Electron	submits this statement for the p		
he above the State GNATUI	e named entity s e of Florida. RE:Electron	submits this statement for the particle in the	ent	
he above the State GNATUI	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete JCE DR.	ent	Date
he above the State liGNATUI lection Car DFFICER: title: ame: ddress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC P () JOHNSON, BRU 245 RIO VISTA SOPCHOPPY, I	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete JCE DR. FL 32358 Delete IE DR.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE JOHNSON PRES 04/30/2009