

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 08, 2009
Secretary of State**

DOCUMENT# P03000018582

Entity Name: CLYDE JOHNSON CONTRACTING, ROOFING & WELDING, INC.

Current Principal Place of Business:

417 W. SUGARLAND HWY.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 216
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 56-2314864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CLYDE D
3785 W WAYMAN ROAD
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, CLYDE D
Address: 3785 W WAYMAN RD
City-St-Zip: MOORE HAVEN, FL 33471

Title: S () Delete
Name: JOHNSON, SHANAN M
Address: 3785 W WAYMAN RD
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP () Delete
Name: MERCER, DAVID R
Address: 620 W. EL PASO
City-St-Zip: CLEWISTON, FL 33440 US

Title: T () Delete
Name: CARROLL, R. L JR.
Address: 540 W. SAGAMORE AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A S () Change (X) Addition
Name: JOHNSON, TIMOTHY C
Address: 508 E. PASADENA
City-St-Zip: CLEWISTON, FL 33440

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: CLYDE D. JOHNSON

P

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date