

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 033 ***150.00

DOCUMENT # P03000099987

1. Entity Name
JOSHUA C. JOHNSON BUILDER, INC.



Principal Place of Business
**50 SPORTSMAN CIRCLE
ROTONDA WEST, FL 33947 US**

Mailing Address
**50 SPORTSMAN CIRCLE
ROTONDA WEST, FL 33947 US**

40002444



2. Principal Place of Business - No P.O. Box #
4032 N. ACCESS RD
Suite, Apt. #, etc.

3. Mailing Address
4032 N. ACCESS RD
Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State
ENGLEWOOD FL
Zip
34224 Country
USA

City & State
ENGLEWOOD FL
Zip
34224 Country
USA

4. FEI Number
14-1897349 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, CINDY A
50 SPORTSMAN CIRCLE
ROTONDA WEST, FL 33947**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PRES	<input type="checkbox"/> Delete
NAME JOHNSON, JOSHUA C	
STREET ADDRESS 50 SPORTSMAN CIRCLE	
CITY-ST-ZIP ROTONDA WEST, FL 33947	
TITLE SECR	<input type="checkbox"/> Delete
NAME JOHNSON, CINDY A	
STREET ADDRESS 50 SPORTSMAN CIRCLE	
CITY-ST-ZIP ROTONDA WEST, FL 33947	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 4032 N. ACCESS RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLEWOOD FL 34224	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #