


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/ **FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90034 020 \*\*\*158.75

<b>DOCUMENT # P03000124218</b>	
1. Entity Name <b>JOHNSON ALUMINUM CONSTRUCTION, INC.</b>	

Principal Place of Business <b>111 E BRIDGERS AVE</b> <b>AUBURNDAL, FL 33823</b>	Mailing Address <b>107 1/2 Hales Rd.</b> <b>111 E BRIDGERS AVE</b> <b>AUBURNDAL, FL 33823</b>
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66016036



07192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0591571</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>JOHNSON, HENRY S</b> <b>111 E BRIDGERS AVE</b> <b>AUBURNDAL, FL 33823</b>	

**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 reappointing) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, HENRY S</b> <b>111 E BRIDGERS AVE</b> <b>AUBURNDAL, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, LINDA M</b> <b>111 E BRIDGERS AVE</b> <b>AUBURNDAL, FL 33823</b>
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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: Henry S. Johnson 7-22-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Henry S. Johnson

8-20-08