

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000130424 | |  |
| 1. Entity Name RCRA JOHNSON ROOFING, INC. | | |
| Principal Place of Business 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 | | Mailing Address 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent JOHNSON, MARY C 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHNSON, RICKY 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOHNSON, ROCKY 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC JOHNSON, MARY C 8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055 | |
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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: <u>M. Carol Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>01-25-06</u> <u>386-755-2377</u> <small>Date Daytime Phone #</small> |