

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

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



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0386057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, MARY C
8499 NW LAKE JEFFERY RD
LAKE CITY, FL 32055

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	P
NAME	JOHNSON, RICKY
STREET ADDRESS	8499 NW LAKE JEFFERY RD
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VP
NAME	JOHNSON, ROCKY
STREET ADDRESS	8499 NW LAKE JEFFERY RD
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	SEC
NAME	JOHNSON, MARY C
STREET ADDRESS	8499 NW LAKE JEFFERY RD
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80054-016 150.00

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IN THIS SPACE**

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: M. Carol Johnson M. Carol Johnson 02/16/07 386-755-2327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #