2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 06, 2008 8:00 am
Secretary of State
02-07-2008 90018 017 ***150.00

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1. Entity Name
RCRA JOHNSON ROOFING, INC.

Principal Place of Business	Mailing Address
8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055	8499 NW LAKE JEFFERY RD LAKE CITY, FL 32055

66002683

01212008 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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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: M. Carol Johnson 03-03-08
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, 2008 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	

DO NOT WRITE 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 03-03-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #