

# ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am to:**  
**Secretary of State**

05-03-2004 90475 001 \*\*\*\*\*8.75  
 05-03-2004 90475 002 \*\*\*150.00

DOCUMENT # **PA3000141668**

1. Entity Name  
**Chosen 1 Construction, Inc**

Principal Place of Business  
**1415 Davis Dr**  
**Fort Myers FL 33919**

Mailing Address  
**Same**

2. Principal Place of Business  
**1415 Davis Dr**  
 Suite, Apt. #, etc.  
**Fort Myers, FL**  
 City & State

3. Mailing Address  
**same**  
 Suite, Apt. #, etc.  
 City & State

Zip  
**33919** Country  
**Lee**

Zip  
 Country

4. FEI Number  
**04-3779070**

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

P.O. Box 6850  
 Tallahassee, FL 32314

**66417691**

MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**Rex B Johnson**  
**1415 Davis Dr**  
**Fort Myers, FL 33919**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

I, 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, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Rex B Johnson President</b> <b>1415 Davis Dr</b> <b>Fort Myers FL 33919</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Treasurer	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V-President/Secretary</b> <b>Marsha K Johnson</b> <b>1415 Davis Dr</b> <b>Fort Myers, FL 33919</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Marsha K Johnson Secretary** **4/27/04** **639-418-0214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #