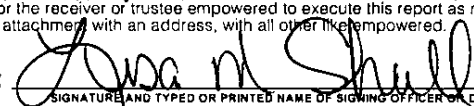


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90060 037 ***150.00

DOCUMENT # P03000157559 1. Entity Name JOHN SHULL CONTRACTING INCORPORATED			
Principal Place of Business 4650 E. GASKINS ROAD BARTOW, FL 33831		Mailing Address 4650 E. GASKINS ROAD BARTOW, FL 33831	
2. Principal Place of Business - No P.O. Box # 2326 Lees Ct. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1815 Suite, Apt. #, etc.	
City & State Bartow FL Zip 33830		City & State Bartow FL Zip 33831	
Country Polk		Country Polk	
4. FEI Number 20-0590357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHULL, JOHNNIE 4650 E. GASKINS ROAD BARTOW, FL 33831		7. Name and Address of New Registered Agent Name Shull, Johnnie Street Address (P.O. Box Number is Not Acceptable) 2326 Lees Ct. City Bartow FL Zip Code 33830	
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 registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHULL, LISA M 4650 E. GASKINS ROAD BARTOW, FL 33831	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHULL, JOHNNIE 4650 E. GASKINS ROAD BARTOW, FL 33831	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHULL, LISA M 2326 Lees Ct. Bartow, FL 33830	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHULL, JOHNNIE 2326 Lees Ct. Bartow, FL 33830	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHULL, JOHNNIE 2326 Lees Ct. Bartow, FL 33830	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/15/07 863-559-8791	