
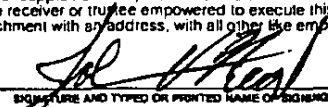


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90041 007 \*\*\*150.00

<b>DOCUMENT # P04000016637</b> 1. Entity Name <b>JOHN'S CUSTOM CONSTRUCTION, INC.</b>																																																																																																																																																					
Principal Place of Business <b>9213 MILITARY TRAIL NAVARRE, FL 32566</b>			Mailing Address <b>9213 MILITARY TRAIL NAVARRE, FL 32566</b>																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		4. FEI Number <b>81-0648281</b>																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>NEAL, JOHN V 9213 MILITARY TRAIL NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																	
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 renewing) DATE _____																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>NEAL, JOHN V</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>9213 MILITARY TRAIL NAVARRE, FL 32566</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NEAL, JOHN V</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9213 MILITARY TRAIL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAVARRE, FL 32566</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NEAL, JOHN V</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9213 MILITARY TRAIL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAVARRE, FL 32566</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NEAL, JOHN V</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9213 MILITARY TRAIL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAVARRE, FL 32566</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	NEAL, JOHN V		STREET ADDRESS			CITY-ST-ZIP	9213 MILITARY TRAIL NAVARRE, FL 32566		CITY-ST-ZIP			TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NEAL, JOHN V		NAME			STREET ADDRESS	9213 MILITARY TRAIL		STREET ADDRESS			CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP			TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NEAL, JOHN V		NAME			STREET ADDRESS	9213 MILITARY TRAIL		STREET ADDRESS			CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP			TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NEAL, JOHN V		NAME			STREET ADDRESS	9213 MILITARY TRAIL		STREET ADDRESS			CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 this attachment with an address, with all other like empowered.																																																																																																																																																					
SIGNATURE  Date <b>4/15/08</b>																																																																																																																																																					