2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90185 011 ***158.75

DOCUMENT # P04000046877 1. Entity Name BIG JOHNSON CONSTRUCTION INC									04-29-2003 90	7183 011	138.	73	
Principal Place	of Busines	Mailing	Address			•							
7626 VINE S			VINE STREET O LAKES, FL 34					500	4496	0			
LAND O LAKE	.S, FL 346.	LAND			4 (88)	10th sand 10th ann 10th			.===				
2. Principal Pl	ace of Ausir	3. Malling Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					01112005	Chg-P	CR2E03	4 (10/03)		
City & State			City & State					4. FEI Numbe	-086650	3	 	plied For t Applicable	
Zíp	íp Country		Zip		Coun	Country			of Status Desired	- CD/ \$	8.75 Add	itional	
	6. Name	Registered Agent			7. Name and Address of New Registered Agent								
LINES TIMOTINE							Name						
HUFF, TIMOTHY R 7626 VINE STREET						Street Address (P.O. Box Number is Not Acceptable)							
LAND O LAKES, FL 34639									,				
						City				FL	Zip Code	3	
The above named entity submits this statement for the purpose of changing its register.							register	ed agent, or bo	th, in the State of Flo		miliar with	and accent	
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 To The Signature. Noted or printed-name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required within reinstating) DATE													
Control of the second s													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
10. OFFICERS AND								ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	3 IN 11	
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indicated of the cor	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.												

4/27/05

(813) 235 5057

Time Thy R HLLL SKINATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR