## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 08:00 AM Secretary of State

ANNUAL REPORT				_	Sac	cretary of Stat
DOCUMENT # P04000061541					360	netary of Stat
1. Entity Nam	ne					
JUHNSU	N BUILT, INC.	•				
'	ce of Business	Mailing Address				
25316 CARNOUSTIE DRIVE 25316 CARNOUSTIE DRIVE SORRENTO, FL 32776 US SORRENTO, FL 32776 US						
SURRENTO,	rt 32/10 U3	30KKENTO, FL 32770 US	ı			
						D (1904 11001 0141) BIBBY IIBIYBII () 1083
•	•	• ,	•	02272007	No Chg-P C	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4 55100-6		Applied For
			-	4. FEI Number 86-11029	14	Not Applicable
				5. Certificate of		\$8.75 Additional
	6. Name and Address of Current R	scietared Accept				Fee Required
	b. Hame and Address of Carrent A	Stateled Admit	1			
JOHNSON, GREG				DO N	<b>NOT WR</b>	ITE
25316 CARNOUSTIE DRIVE SORRENTO, FL 32776						
l				IN II	HIS SPA	CE
8. The above	named entity submits this statement for t	he purpose of changing its registe	red office or register	ed agent, or both.	in the State of Florida.	I am familiar with, and accept
the obligat	lions of registered agent.					
SIGNATURE_						DATE
	Signature, typed or printed name of registered agent and	strile il applicable, (NOTE: Registeri	ed Agent signature required	(when reinstating)		DAIR.
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		. <b>00</b> May Be		
After Ma	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.	. 📙 Add	ed to Fees		
10.	OFFICERS AND D	RECTORS	1	<del></del>		
INTE	P COUNCON CORC					
NAME STREET ADDRESS	JOHNSON, GREG 25316 CARNOUSTIE DRIVE					
CITY-ST-ZIP	SORRENTO, FL 32776		***	. •	E E COMPANIE COMPANIE	W7.75.75.44.4
DILE			_		UUUUU COV CCV CO	)0664114 '–80031–012 150.0
NAME STREET ADDRESS					00/22/01	00031_015_120*0
CITY-ST-ZIP					•	
TITLE			1			
NAME			\$26.	•		
STREET ADDRESS CITY-ST-ZIP				DO N	NOT WR	ITE
TITLE			1			
NAMŁ			•	114 11	HIS SPA	CE
STREET ADDRESS						
CITY-ST-ZIP			-	r		
NAME				•		
STREET ADDRESS						
CITY-ST-ZIP			*	* *		
TITLE			1			

12. Thereby 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 all other like empowered.

SIGNATURE: SIGNATURE

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

r 3-9

407-383-5454

Daytime Phone #