2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# P05000139178

Entity Name: BETTIS & JOHNSON, INC.

Current Principal Place of Business:

2057 S US 1
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2057 S US 1
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-3603846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOWERS, RALPH
2057 S US 1
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, ALFONSO L JR
Address: 1127 SW FORESTHILL
City-St-Zip: PT ST LUCIE, FL 34986

Title: VP ( ) Delete
Name: BETTIS, CHARLES A JR
Address: 2525 TRUMAN AVE
City-St-Zip: PENSACOLA, FL 32505

Title: TREA ( ) Delete
Name: BETTIS, CHARLES A SR
Address: 1614 SKYHAWK DR
City-St-Zip: PENSACOLA, FL 32506

Title: SEC ( ) Delete
Name: JOHNSON, ALFONSO L JR
Address: 1127 SW FORESTHILL COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D ( ) Delete
Name: JOHNSON, LARRY L
Address: 2057 SOUTH US 1
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: JOHNSON, BERYL Y
Address: 2057 SOUTH US 1
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHNSON, LARRY L
Address: P O BOX 92
City-St-Zip: HASTINGS, FL 32145

Title: D (X) Change ( ) Addition
Name: JOHNSON, BERYL Y
Address: 1127 SW FORESTHILL COVE
City-St-Zip: PT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO JOHNSON PRE 03/04/2008

Electronic Signature of Signing Officer or Director Date