

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 022 ***150.00

DOCUMENT # P95000091182															
1. Entity Name JOHN'S CONSTRUCTION OF FRANKLIN COUNTY, INC.															
Principal Place of Business 502 NW AVE F CARRABELLE, FL 32322			Mailing Address PO DRAWER JJ CARRABELLE, FL 32322												
2. Principal Place of Business 1745 U.S. Highway 98W		3. Mailing Address Suite, Apt. #, etc.													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006 Chg-P CR2E034 (11/05)											
City & State Carrabelle, Florida		City & State		4. FEI Number 59-3361660											
Zip 32322		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent HEWITT, LINDA E 502 NW F AVE CARRABELLE, FL 32322			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Linda C. Hewitt</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">410 West 5th Street</td> </tr> <tr> <td style="padding: 2px;">City Carrabelle</td> <td style="padding: 2px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32322</td> </tr> </table> </td> </tr> </table>			Name Linda C. Hewitt		Street Address (P.O. Box Number is Not Acceptable)		410 West 5th Street		City Carrabelle	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32322</td> </tr> </table>	FL	Zip Code 32322
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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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: <i>Linda C. Hewitt</i></td> <td style="width:30%; text-align: center;"> Linda C. Hewitt </td> <td style="width:40%; text-align: right;"> 4-12-06 </td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small; text-align: right;">DATE</td> </tr> </table>						SIGNATURE: <i>Linda C. Hewitt</i>	Linda C. Hewitt	4-12-06	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	VPT HEWITT, LINDA J PO DRAWER JJ CARRABELLE, FL 32322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Linda C. Hewitt P.O. Drawer JJ Carrabelle, FL 32322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
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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 an attachment with an address, with all other like empowered.															
SIGNATURE: <i>Linda C. Hewitt</i> Linda C. Hewitt			4/12/06 850-697-2376												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #												