


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000071289</b> 1. Entity Name <b>JOHN SCRIBNER CONSTRUCTION COMPANY</b>	
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Principal Place of Business <b>7738 FRONTIER DRIVE YALAHA, FL 34797</b>	Mailing Address <b>7738 FRONTIER DRIVE YALAHA, FL 34797</b>
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03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0775812</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

SCRIBNER, JOHN R  
7738 FRONTIER DRIVE  
YALAHA, FL 34797

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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

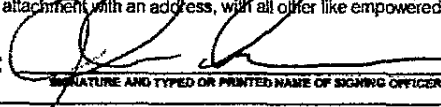
1000000476879  
04/16/06-80028-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCRIBNER, JOHN
STREET ADDRESS	7738 FRONTIER DRIVE
CITY-ST-ZIP	YALAHA, FL 34797
TITLE	D
NAME	ARROYO, DAN
STREET ADDRESS	7738 FRONTIER DRIVE
CITY-ST-ZIP	YALAHA, FL 34797
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 3/18/06 DAYTIME PHONE: 352 324 2826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR