


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000071289**

1. Entity Name  
**JOHN SCRIBNER CONSTRUCTION COMPANY**



Principal Place of Business                      Mailing Address

**7738 FRONTIER DRIVE**                      **7738 FRONTIER DRIVE**  
**YALAHA, FL 34797**                      **YALAHA, FL 34797**

**DO NOT WRITE IN THIS SPACE**



01132008    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
**65-0775812**                      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCRIBNER, JOHN R**  
**7738 FRONTIER DRIVE**  
**YALAHA, FL 34797**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relisting)                      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000804836  
 02/05/08-80083-018 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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: *John Scribner*                      *1/27/08*                      *352 324 2826*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #