

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 046 ***150.00

DOCUMENT # P98000003194
 1. Entity Name
 TERRY JOHNSON CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 3697 CROWN POINT CT 1483 FLOYD JOHNS ROAD
 STE 2 JACKSONVILLE, FL 32234
 JACKSONVILLE, FL 32257

50007655



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3486269 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, BELINDA
 1483 FLOYD JOHNS ROAD
 JACKSONVILLE, FL 32234

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, TERRY M
STREET ADDRESS	1483 FLOYD JOHNS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	V
NAME	JOHNSON, BELINDA L
STREET ADDRESS	1483 FLOYD JOHNS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	T
NAME	JOHNSON, CHRISTOPHER P
STREET ADDRESS	1483 FLOYD JOHNS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	S
NAME	JOHNSON, AMANDA L
STREET ADDRESS	1483 FLOYD JOHNS RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32234
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: Belinda L. Johnson Belinda L. Johnson 03/09/06 (904)886-3263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #