

**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
**3697 CROWN POINT CT
STE 2
JACKSONVILLE, FL 32257**

Mailing Address
**1483 FLOYD JOHNS ROAD
JACKSONVILLE, FL 32234**

50007655



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486269

Applied For
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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	

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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 #