


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3486269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: *Belinda L. Johnson v/p* DATE: 3/13/07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, TERRY M 1483 FLOYD JOHNS ROAD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, BELINDA L 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, CHRISTOPHER P 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, AMANDA L 1483 FLOYD JOHNS RD. JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U00000669800
03/27/07-80086-003 150.00

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 v/p* DATE: 3/14/07 DAYTIME PHONE: (904) 886-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR