


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P99000030282			
1. Entity Name DAVID W. JOHNSON/BUILDER, INC.			
Principal Place of Business 9504 FT. KING RD DADE CITY FL 33525		Mailing Address 9504 FT. KING RD DADE CITY FL 33525	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, KAYE S 9504 FT. KING RD DADE CITY FL 33525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 Kaye S Johnson (NOTE: Registered Agent signature required when reinstating)

DATE 3/27/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P JOHNSON, DAVID 9504 FT KING RD DADE CITY FL 33525	TITLE	U00000681952 04/04/07-80067-002 150.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	ST JOHNSON, KAYE 9504 FT KING RD DADE CITY FL 33525	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kaye S Johnson DATE: 3/27/07 (352) 523-0473