## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000040755**

Entity Name

R. A. JOHNSON CONSTRUCTION COMPANY, INC.



FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5600 NE 60TH AVE HIGH SPRINGS, FL 32643 5600 NE 60TH AVE HIGH SPRINGS, FL 32643



DO	NOT	<b>WRITE</b>	IN	THIS	SPA	CF
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01222007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3591275 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT A 5600 NE 60TH AVE HIGH SPRINGS, FL 32643

## DO NOT WRITE IN THIS SPACE

		1					
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or I	egistered agent, or b	oth, in the State o	f Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered A	igent signatur	e required when reinstating)	<i>e</i> .	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financi Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE	P						
NAME	JOHNSON, ROBERT A 5600 NE 60TH AVE						
STREET ADDRESS							
CITY-ST-ZIP	HIGH SPRINGS, FL 32643			U00000598847			
TITLE	ST				-01/25/07	'-80003-009 150.00	
NAME	JOHNSON, RHONDA W						
STREET ADDRESS	5600 NE 60TH AVE						
CITY-ST-ZIP	HIGH SPRINGS, FL 32643						
TITLE	<del>-                                    </del>						
NAME		I.					
STREET ADDRESS		1		D0	NOT	AIDITE	
CITY-ST-ZIP		1		טע	NOLI	WRITE	

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.

SIGN	ATU	JRE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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BIGNAT	URE AN	ID TYPED	OR PRINTED	HAME	9 <del>4</del> 81

ESTOR PRES.

1/23/07

IN THIS SPACE

386-454-9613 Daytima Phone #