2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P99000107534 1. Entity Name 02-17-2006 90076 016 ***150.00 JEFF JOHNSON BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address AAATAAA% 275 ROSCOE BLVD N 275 ROSCOE BLVD N PONTE VENDRA BEACH FL 32082 PONTE VENDRA BEACH FL 32082 fo Palm Valley Road 1st MOORE CR2E034 (10/05) Suite Applied For 4. FEI Number 59-3614755 te Vedra Beach, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32*0*82 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JEFF Street Address (P.O. Box Number is Not Acceptable) 275 ROSCOE BLVD N PONTE VENDRA BEACH FL 32082 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Johnson, Jeff 5,140 Palm Valley Road, Swite 28 Ponte Vedra Beach, FL 32082 NAME JOHNSON, JEFF NAME STREET ADDRESS 275 ROSCOE BLVD N STREET ADDRESS CITY-ST-ZIP PONTE VENDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Calete TITLE _ Change _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Feb 17, 2006 8:00 am