

2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 026 ***150.00

DOCUMENT # P99000107534

1. Entity Name

JEFF JOHNSON BUILDING CONTRACTOR, INC.



Principal Place of Business

5140 PALM VALLEY RD
STE 2B
PONTE VENDRA BEACH FL 32082

Mailing Address

5140 PALM VALLEY RD
STE 2B
PONTE VENDRA BEACH FL 32082



2. Principal Place of Business - No P.O. Box #

5140 Palm Valley Rd.

Suite, Apt. #, etc.

Suite 2B

3. Mailing Address

5140 Palm Valley Rd.

Suite, Apt. #, etc.

Suite 2B

1st MOORE

CR2E034 (10/06)

City & State

Ponte Vedra Beach, FL.

City & State

Ponte Vedra Beach, FL.

Zip

32082

Country

U.S.

Zip

32082

Country

U.S.

4. FEI Number

59-3614755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEFF
275 ROSCOE BLVD N
PONTE VENDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Jeff Johnson

Street Address (P.O. Box Number is Not Acceptable)

5140 Palm Valley Road

Suite 2B

City

Ponte Vedra Beach FL

Zip Code

32082

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

Jeff Johnson President

3/22/07

DATE

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

TITLE D ☐ Delete
NAME JOHNSON, JEFF
STREET ADDRESS 5140 PALM VALLEY RD STE 2B
CITY - ST - ZIP PONTE VENDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jeff Johnson

JEFF W. JOHNSON

3/22/07 (904) 285-8829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #