


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90028 050 ***150.00

DOCUMENT # P99000107534	
1. Entity Name JEFF JOHNSON BUILDING CONTRACTOR, INC.	

Principal Place of Business 5140 PALM VALEY RD STE 2B PONTE VENDRA BEACH FL 32082	Mailing Address PO BOX 675 PONTE VEDRA FL 32004-0675
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2. Principal Place of Business - No P.O. Box # 1414 9th Street N.	3. Mailing Address PO Box 675
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Jacksonville Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32250	Zip 32082
Country US	Country US

4. FEI Number 59-3614755	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, JEFF 5140 PALM VALLEY RD SUITE 2B PONTE VENDRA BEACH FL 32082	
7. Name and Address of New Registered Agent Name Johnson, Jeff Street Address (P.O. Box Number is Not Acceptable) 1414 9th Street N. City Jacksonville Beach FL Zip Code 32250	

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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, JEFF 5140 PALM VALLEY RD STE 2B PONTE VENDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 W. JOHNSON	3-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #