

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 246571
1. Entity Name
CHARLES E. JOHNSTON, COMPANY

| | |
|--|--|
| Principal Place of Business 7944 WILDWOOD RD JACKSONVILLE, FL 32211 US | Mailing Address 7944 WILDWOOD RD JACKSONVILLE, FL 32211 US |
|--|--|



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-0938518 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOHNSTON, C E
7944 WILDWOOD ROAD
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSTON, C E 7944 WILDWOOD DRIVE JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHNSTON, FRANCES M 7944 WILDWOOD ROAD JACKSONVILLE, FL 32211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSTON, JAMES 7944 WILDWOOD ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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UD0000938518
05/27/08-80074-007-150.00

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

SIGNATURE: CE Johnston **4-29-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #