


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 440058**  
 1. Entity Name  
**TOM JOHNSTON'S, INCORPORATED**



Principal Place of Business  
**8413 SW 30TH AVENUE  
 BUSHNELL FL 33513  
 US**

Mailing Address  
**P.O. BOX 1228  
 BUSHNELL FL 33513**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st; MOORE CR2E034 (10/05)

City & State  
 Zip Country

4. FEI Number  
**59-1689763**

Applied For Not Applicable

City & State  
 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSTON, L THOMAS  
 8413 SW 30TH AVENUE  
 BUSHNELL FL 33513**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, THOMAS</b>	
STREET ADDRESS	<b>8413 SW 30TH AVE</b>	
CITY-ST-ZIP	<b>BUSHNELL FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CHIMELIS, ANTHONY R</b>	
STREET ADDRESS	<b>8413 SW 30TH AVE</b>	
CITY-ST-ZIP	<b>BUSHNELL FL 33513</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Res Thomas Johnston Pres 3-10-06 793-1235