


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 038 ***150.00

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 - No P.O. Box #
8414 SW 30th Ave

Suite, Apt. #, etc.
Bushnell, FL 33513

City & State
Bushnell, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

1st MOORE CR2E034 (10/06)

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 **Johnston L. Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
8414 SW 30th Ave.
 City **Bushnell, FL** Zip Code **33513**

4. FEI Number **59-1689763** Applied For
 Not Applicable

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

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, THOMAS 8413 SW 30TH AVE BUSHNELL FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8414 SW 30th Ave
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP CHIMELIS, ANTHONY R 8413 SW 30TH AVE BUSHNELL FL 33513	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8414 SW 30th Ave.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **L. Thomas Johnston Pres.** **4-14-07** **352**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0734238**