

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002307

FILED
Feb 25, 2009
Secretary of State

Entity Name: JOHNSTONE SUPPLY, INC.

Current Principal Place of Business:

11632 NE AINSWORTH CIRCLE
PORTLAND, OR 972209016

New Principal Place of Business:

Current Mailing Address:

11632 NE AINSWORTH CIRCLE
PORTLAND, OR 972209016

New Mailing Address:

FEI Number: 93-0788192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODES, TODD M
8150 FORSHEE DR.
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANIELS, GARY
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: V () Delete
Name: JANSEN, RICH
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: D () Delete
Name: MEYER, DAVID
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: VC () Delete
Name: WINES, LARRY
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: C () Delete
Name: ALEXANDER, FRANK
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: S () Delete
Name: MCCREARY, JANET
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: HULL, RICK
Address: 11632 NE AINSWORTH CIRCLE
City-St-Zip: PORTLAND, OR 972209016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICH JANSEN

_____ Electronic Signature of Signing Officer or Director

V

02/25/2009

_____ Date