2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# F14307

Entity Name: JOHNSTON AND SASSER, P.A.

Current Principal Place of Business:

29 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

PO BOX 997
BROOKSVILLE, FL 346057997

New Mailing Address:

FEI Number: 59-2045508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASSER, DAVID C
29 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SASSER, DAVID C
Address: 29 S. BROOKSVILLE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: DVP ( ) Delete
Name: JOHNSTON, DARRYL W
Address: 29 S. BROOKSVILLE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JOHNSTON, DARRYL W
Address: 29 S. BROOKSVILLE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: DS (X) Change ( ) Addition
Name: SASSER, DAVID C
Address: 29 S. BROOKSVILLE AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

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: DAVID C. SASSER DS 09/22/2009
Electronic Signature of Signing Officer or Director — Date