

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73243

FILED
Jan 06, 2009
Secretary of State

Entity Name: TRACY JOHNSTON AND ASSOCIATES, INC.

Current Principal Place of Business:

1010 W BEACON ROAD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 291639
TEMPLE TERRACE, FL 336871639 US

New Mailing Address:

FEI Number: 59-2167687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSTON, TRACY W
10904 VICTORIA ARBOR WAY
TEMPLE TERRACE, FL 33617 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: PT () Delete
Name: JOHNSTON, TRACY W,
Address: 10904 VICTORIA ARBOR WAY
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VS () Delete
Name: JOHNSTON, JOYCE W.,
Address: 10904 VICTORIA ARBOR WAY
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRACY W. JOHNSTON

PT

01/06/2009

Electronic Signature of Signing Officer or Director

Date