

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71939

FILED  
Aug 03, 2009  
Secretary of State

Entity Name: JOHNSON/PETERSON ARCHITECTS, INC.

## Current Principal Place of Business:

2110 CENTERVILLE ROAD  
SUITE C  
TALLAHASSEE, FL 32308

## Current Mailing Address:

2110 CENTERVILLE ROAD  
SUITE C  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

930 THOMASVILLE ROAD  
SUITE 100  
TALLAHASSEE, FL 32303

## New Mailing Address:

930 THOMASVILLE ROAD  
SUITE 100  
TALLAHASSEE, FL 32303

FEI Number: 59-2550734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEVINE, MARK  
245 E VIRGINIA ST  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: JOHNSON, IVAN E III  
Address: 525 E CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: S, T ( ) Delete  
Name: GARRETT, AMANDA N  
Address: 1150 THOMAS DRIVE  
City-St-Zip: THOMASVILLE, GA 31757

Title: VP ( ) Delete  
Name: LANE, JOHN  
Address: 112 EAST 1ST AVENUE #4  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S, T (X) Change ( ) Addition  
Name: GARRETT, AMANDA N  
Address: 1734 FOLKSTONE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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: AMANDA N GARRETT

S

08/03/2009

Electronic Signature of Signing Officer or Director

Date