

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09674

**FILED
Jan 29, 2009
Secretary of State**

Entity Name: BARBARA L. JOHNSON REALTY, INC.

Current Principal Place of Business:

% BARBARA L. JOHNSON
680 N. CENTRAL AVE
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

% BARBARA L. JOHNSON
680 N. CENTRAL AVE
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-2863652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOHNSON, BARBARA L.
680 N. CENTRAL AVE
UMATILLA, FL 32784 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: DPT () Delete
Name: JOHNSON, BARBARA L.,
Address: 41237 SILVER DR
City-St-Zip: UMATILLA, FL

Title: D () Delete
Name: CONDRON, TIMOTHY W
Address: 25846 PINE RIDGE RD
City-St-Zip: PAISLEY, FL 32767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: PRESSON, GEOFFREY
Address: 41230 SILVER DRIVE
City-St-Zip: UMATILLA, FL 32784

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: GEOFFREY PRESSON

D

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date