

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73243

Entity Name: TRACY JOHNSTON AND ASSOCIATES, INC.**Current Principal Place of Business:**7820 PROFESSIONAL PLACE
SUITE 1
TAMPA, FL 33637-6786**Current Mailing Address:**P. O. BOX 291639
TEMPLE TERRACE, FL 33687-1639 US**FEI Number:** 59-2167687**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSTON, TRACY W
10904 VICTORIA ARBOR WAY
TEMPLE TERRACE, FL 33617 US*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**Officer/Director Detail :**

Title	PT
Name	JOHNSTON, TRACY W
Address	10904 VICTORIA ARBOR WAY
City-State-Zip:	TEMPLE TERRACE FL 33617
Title	VP
Name	MARLER, LAUREN J.
Address	418 BROXBURN AVE
City-State-Zip:	TEMPLE TERRACE FL 33617-7818

Title	SECRETARY
Name	JOHNSTON, JOYCE W.
Address	10904 VICTORIA ARBOR WAY
City-State-Zip:	TEMPLE TERRACE FL 33617
Title	TREASURER
Name	JOHNSTON, TRACY W
Address	10904 VICTORIA ARBOR WAY
City-State-Zip:	TEMPLE TERRACE FL 33617

I hereby 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 all other like empowered.

SIGNATURE: TRACY W JOHNSTON**PRESIDENT****02/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date