

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000120232

**Entity Name:** JOHNSTEK, INC.

**Current Principal Place of Business:**

45 ALMERIA  
SUITE 234  
CORAL GABLES, FL 33134

**Current Mailing Address:**

45 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-0352589

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOHNSTON, SCOTT A  
16171 SW 49 CT  
MIRAMAR, FL 33027 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	PRES	Title	DIR
Name	SCOTT, JOHNSTON A	Name	JOHNSTON, LINDA J
Address	16171 SW 49 CT	Address	16171 SW 49 CT
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027

*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:** SCOTT A JOHNSTON

**PRESIDENT**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date