


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 041 ***158.75

DOCUMENT # 367018 1. Entity Name JOHNSTON PROPERTIES, INC.	
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Principal Place of Business P.O. BOX 131224 BIRMINGHAM AL 35213	Mailing Address P.O. BOX 131224 BIRMINGHAM AL 35213
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 63-0587385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTES, WILLIAM CODY 3705 20TH STREET VERO BEACH FL 32960	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MYATT, KATHERINE J. 129 PEACHTREE ROAD BIRMINGHAM AL 35213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, MERRILL E 709 N MADISON STREET TUPELO MS 38801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 38804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, GILBERT E JR 3212 E BRIARCLIFF RD BIRMINGHAM AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, CLAUDE E 435 Highbrook Ave PELHAM MANOR NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT JOHNSTON, KATHERINE E 2605 RATLIFF RD. BIRMINGHAM AL 35210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYATT, MARK L. 129 PEACHTREE RD. BIRMINGHAM AL 35213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine J. Myatt President 3/28/05 (205) 879-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #