2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 629481

Entity Name: BEN JOHNSON ASSOCIATES, INC.

Current Principal Place of Business:

3854-2 KILLEARN COURT
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3854-2 KILLEARN COURT
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-1943774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BEN
3854-2 KILLEARN COURT
2D
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

JOHNSON, BEN
3854-2 KILLEARN COURT
TALLAHASSEE, FL 32309 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: 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: JOHNSON, BEN
Address: 2252 KILLEARN CENTER BLVD STE 2D
City-St-Zip: TALLAHASSEE, FL 32309

Title: AS ( ) Delete
Name: NESMITH, JOHN
Address: 2252 KILLEARN CENTER BLVD STE 2D
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete
Name: READING, DON C
Address: 6070 W HILL ROAD
City-St-Zip: BOISE, ID 83703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: JOHNSON, BEN
Address: 3854-2 KILLEARN COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: AS (X) Change ( ) Addition
Name: NESMITH, JOHN
Address: 3854-2 KILLEARN COURT
City-St-Zip: TALLAHASSEE, FL 32309

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: BEN JOHNSON DPST 03/23/2009
Electronic Signature of Signing Officer or Director — Date