


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State


DOCUMENT # F07000002307

1. Entity Name
JOHNSTONE SUPPLY, INC.



Principal Place of Business 11632 NE AINSWORTH CIRCLE PORTLAND, OR 97220-9016	Mailing Address 11632 NE AINSWORTH CIRCLE PORTLAND, OR 97220-9016
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 93-0788192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, TODD M
8150 FORSHEE DR.
JACKSONVILLE, FL 32219

**DO NOT WRITE
IN THIS SPACE**

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)

1100000020994
02/19/08-RICHIE-006 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, GARY 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANSEN, RICH 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, DAVID 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WINES, LARRY 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALEXANDER, FRANK 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCREARY, JANET 11632 NE AINSWORTH CIRCLE PORTLAND, OR 972209016

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **RICH JANSEN** **2-4-08** **503-419-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #