

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33597

Entity Name: J & S JOHNSTON, INC.

FILED  
Mar 16, 2008  
Secretary of State

## Current Principal Place of Business:

POLK COUNTY  
FROSTPROOF, FL 33843

## New Principal Place of Business:

## Current Mailing Address:

% GLEN A JOHNSTON  
175 WOLF CREEK PASS  
WIMBERLEY, TX 78676

## New Mailing Address:

FEI Number: 59-2097272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSTON, GLEN A VP  
175 WOLF CREEK PASS  
WIMBERLEY, FL 78676      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JOHNSTON, JOHN A  
Address: 175 WOLF CREEK PASS  
City-St-Zip: WIMBERLEY, TX 78676

Title: DV ( ) Delete  
Name: JOHNSTON, GLEN A  
Address: 175 WOLF CREEK PASS  
City-St-Zip: WIMBERLEY, TX 78686

Title: DS ( ) Delete  
Name: CARPENTER, CAROLYN L  
Address: 3908 CAROL ST  
City-St-Zip: INDIAN RIVER, MI 49749

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: CARPENTER, CAROLYN L  
Address: 3950 SUMAC DR APT 315  
City-St-Zip: TRAVERSE CITY, MI 49684

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: GLEN A JOHNSTON

DV

03/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date