

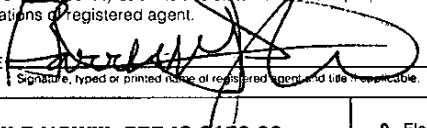
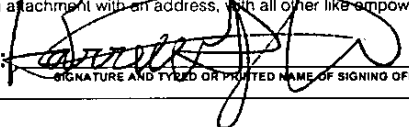


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 16 PM 3:17

<b>DOCUMENT # F69484</b> 1. Entity Name <b>BARRETT G. JOHNSON &amp; ASSOCIATES, P.A.</b>					
Principal Place of Business <del>1020 EAST LAFAYETTE STREET</del> <del>SUITE 204</del> <b>TALLAHASSEE, FL 32301</b> US				Mailing Address <b>POST OFFICE BOX 1308</b> <b>TALLAHASSEE, FL 32302</b> US	
2. Principal Place of Business - No P.O. Box # <b>1815 MICCOSUKEE COMMONS DR.</b> Suite, Apt. #, etc. <b>102</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>TALLAHASSEE, FL</b>			
City & State <b>TALLAHASSEE, FL</b>		City & State  Zip <b>32308</b>		4. FEI Number <b>59-2196035</b>	
Country  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, BARRETT G.</b> <del>1020 EAST LAFAYETTE STREET</del> <b>1815 MICCOSUKEE</b> <del>SUITE 204</del> <b>COMMONS DR</b> <del>TALLAHASSEE, FL 32301</del> <b>STE 102</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE _____ <small>(NOTE: Registered Agent signature required when re-statuting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BARRETT G. <del>1020 EAST LAFAYETTE STREET, SUITE 204</del> <del>TALLAHASSEE, FL 32301</del> <b>SAME AS ABOVE</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500133268015</b> <b>07/22/08--01012--006 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<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 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:  <b>BARRETT G. JOHNSON</b> 7/16/08 (850) 322-2693 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					