FILED
Mar 25, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F91809

1. Entity Name
JOHNSTON JEWELERS, INC.

Principal Place of Business	Mailing Address
% BILL JOHNSTON 10401 SEMINOLL BLVD. SEMINOLE, FL 34648	% BILL JOHNSTON 10401 SEMINOLL BLVD. SEMINOLL, FL 34648

DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2212439

☐ Applied for
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, BILL
10401 SEMINOLE BLVD
SEMINOLE, FL 34648

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000276000
03/25/05-80023-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSTON, DOUG
STREET ADDRESS	10401 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL,
TITLE	SD
NAME	JOHNSTON, SHERRY
STREET ADDRESS	10401 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL,
TITLE	D
NAME	JOHNSTON, WILLIAM
STREET ADDRESS	10401 SEMINOLE BLVD
CITY-ST-ZIP	SEMINOLE FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sherry Johnston Secretary 3/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date