

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F91809

1. Entity Name
JOHNSTON JEWELERS, INC.



Principal Place of Business
**% BILL JOHNSTON
10401 SEMINOLE BLVD.
SEMINOLE, FL 34648**

Mailing Address
**% BILL JOHNSTON
10401 SEMINOLE BLVD.
SEMINOLE, FL 34648**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000793023
01/24/08-80032-012 150.00

**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 or without other like empowered

SIGNATURE: *[Signature]*

1/21/08

727-393-5822