


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # F98000004842 1. Entity Name C.V. JOHNSTON & ASSOCIATES, INC.	
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Principal Place of Business 134 SPRAGUE DR. HEBRON, OH 43025	Mailing Address 134 SPRAGUE DR. HEBRON, OH 43025
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DO NOT WRITE IN THIS SPACE



09032004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1581812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARBARA
248 SHELL BLUFF COURT
PONTE VEDRA, FL 32082

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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JOHNSTON, CLIFFORD V 134 SPRAGUE DR. HEBRON, OH 43025	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clifford V. Johnston CLIFFORD V. JOHNSTON 9/3/04 740 928 2547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #