2005 FOR PROFIT CORPORATION

FILED Apr 13, 2005 08:00 AN Secretary of State

ANNOAL REPORT		
DOCUMENT # G68019 1. Entity Name KELSON-JOHNSTON, INC.		
Principal Place of Business	Mailing Address	
2022 N."R" ST. PENSACOLA, FL 32505	2022 N."R" ST. PENSACOLA, FL 32505	



01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2368850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANKINS, WILLIAM DO NOT WRITE 1901 W GARDEN ST PENSACOLA, FL 32501 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 # applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE JOHNSTON, CHARLES M. NAME STREET ADDRESS 6825 CEDAR LAKE DR CITY - ST - ZIP PENSACOLA, FL U00000300825 04/13/05-80007-008 150,00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 ap-

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-SY-ZIP