



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H29791</b>	
1. Entity Name <b>DAVID JOHNSTON CORPORATION</b>	

Principal Place of Business <b>636 DARCEY DR WINTER PARK, FL 32792 US</b>	Mailing Address <b>636 DARCEY DR WINTER PARK, FL 32792 US</b>
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**DO NOT WRITE IN THIS SPACE**

	
04162007 No Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-2889900</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JOHNSTON, DAVID A 636 DARCEY DR WINTER PARK, FL 32792</b>
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**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	NAME <b>JOHNSTON, DAVID A.</b>
STREET ADDRESS <b>636 DARCEY DR</b>	CITY-ST-ZIP <b>WINTER PARK, FL</b>
TITLE <b>ST</b>	NAME <b>JOHNSTON, SARAH W.</b>
STREET ADDRESS <b>636 DARCEY DRIVE</b>	CITY-ST-ZIP <b>WINTER PARK, FL</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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04/27/07-80068-016 150.00

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/07 407-647-0538**  
Date Daytime Phone #