2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # H61656** 1. Entity Name KENNETH F. JOHNSTON, P.A. Principal Place of Business Mailing Address 1012 TEAL POINTE TARPON SPRINGS FL 34689 1012 TEAL POINTE TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2537965 Not Applies Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYONS, GARY W. Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH MISSOURI AVENUE CLEARWATER FL 33756 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and ecce the obligations of registered agent. SIGNATURE Signatura, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when (constaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May [After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete MILE Change Additio NAME JOHNSTON, KENNETH F. NAME U000000489789 STREET ADDRESS 1012 TEAL POINTE STREET ADDRESS 04/18/06-80030-025 150.00 CITY-ST-ZIP TARPON SPRINGS FL CITY-ST-ZTP Delete TITLE THE Спаппе ☐ Akc NAME JOHNSTON, KENNETH F. NAME STREET ADDRESS 1012 TEAL POINTE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL City-St-Zip TITLE ☐ Delete ☐ Change TT Addition TETLE MAME NAME STREET ADDRESS STREET ADDRESS CATY - ST-ZIP CRTY-ST-ZIP THLE Delete THEF ☐ Change ☐ Adries NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-20P CITY-ST-ZIP KILE Defete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY - ST-7IP ☐ Delete TITLE Change Change Modifier T NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 path; 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.

FILED

Kenneth F. Johnston 03/20/2006 727 938997