## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36495

Name:

Address:

City-St-Zip:

JOHNSTON, ROBERT P.,

TAMPA, FL

11003 CARROLLWOOD DR

Entity Name: JOLYNN OF CLEARWATER, INC

FILED Feb 19, 2008 Secretary of State

Littly Nai	ile. JOLININ	OF CLEARWATER, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	HIGHWAY 19 ATER, FL 3462				
Current Mailing Address:			New Mailing Address:		
8810 TWIN TAMPA, FI	I LAKES BLVD 33614	0			
FEI Number:	59-2751686	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address o	lame and Address of New Registered Agent:	
501 EAST SUITE 170 TAMPA, FI The above	KENNEDY BL' 0 _ 33602 US		pose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
Election Can		nic Signature of Registered Agent g Trust Fund Contribution ().	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS () JOHNSTON, MI 2727 N MONRO TALLAHASSEE	OE .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () JOHNSTON, MA 12004 WATERS TAMPA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DPT ()	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT JOHNSTON DPT 02/19/2008