

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36495

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: JOLYNN OF CLEARWATER, INC.

## Current Principal Place of Business:

25822 US HIGHWAY 19 N.  
CLEARWATER, FL 34623 US

## New Principal Place of Business:

## Current Mailing Address:

8810 TWIN LAKES BLVD  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 59-2751686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKERS, P.A.  
501 EAST KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

FOWLER WHITE, P.A. ATTN: HUNTER BROWNLEE  
501 EAST KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602 US

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.

SIGNATURE: HUNTER BROWNLEE

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: JOHNSTON, MICHAEL M.,  
Address: 2727 N MONROE  
City-St-Zip: TALLAHASSEE, FL

Title: DV ( ) Delete  
Name: JOHNSTON, MARK T.,  
Address: 12004 WATERSIDE CT  
City-St-Zip: TAMPA, FL

Title: DPT ( ) Delete  
Name: JOHNSTON, ROBERT P.,  
Address: 11003 CARROLLWOOD DR  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT JOHNSTON

DPT

03/20/2009

Electronic Signature of Signing Officer or Director

Date