## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K31998 1. Entity Name JOHNSTON, HARRIS, GERDE & KOMAREK, P.A. Principal Place of Business % JERRY W. GERDE 239 E. FOURTH ST PANAMA CITY, FL 32401 DO NOT WRITE IN THIS SPACE

FILED
Jan 18, 2007 08:00 AM
Secretary of State

239 E. FOUR	% JERRY W. GERDE % JERRY W. GERDE 139 E. FOURTH ST 239 E. FOURTH ST PANAMA CITY, FL 32401 PANAMA CITY, FL 32401						
	***						
	O NOT MOITE II	^ ^	01092007 No Chg-P CR2E034 (11/05)				
L	O NOT WRITE II	JE	4. FEI Number 59-290			Applied For Not Applicable	
				5. Certificate of Status Desired Status Desired See Required			
	6. Name and Address of Current Regis		.1				
GERDE, JERRY W. 239 E. FOURTH AVE PANAMA CITY, FL 32401			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or register	red agent, or bot	th, in the State of Flo	orida. ∣am famil	iar with, and accept
	Signature, typed or printed name of registered agent and title	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	U00000 01/19/07-	591908 80036-01:	2 <b>150.0</b> 0
10. OFFICERS AND DIRECTORS				······································		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERDE, JERRY W. 239 E. FOURTH ST PANAMA CITY, FL		31 n				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE EET ADDRESS			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Control of the second of the s			1.8
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions contained	I in Chapter 119	, Florida Statutes. I	further certify th	nat the information

12. Thereby certify that the information supplied with this filling 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07

Daytime Phone #