


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000052489
1. Entity Name
ROBERT JOHNSON INSURANCE, INC.



Principal Place of Business: 1750 A1A SOUTH ST AUGUSTINE, FL 32080
Mailing Address: 2043 HAWKCREST DRIVE EAST JACKSONVILLE, FL 32259



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3649775 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, ROBERT C
2043 HAWKCREST DRIVE EAST
JACKSONVILLE, FL 32259

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PSTD |
| NAME | JOHNSON, ROBERT C |
| STREET ADDRESS | 2043 HAWKCREST DRIVE EAST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32259 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/24/06-80031-013 150.00

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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: Robert C Johnson President 1/19/2006 904-471-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #