


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

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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

**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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80031-013 150.00  
**DO NOT WRITE IN THIS SPACE**

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 #