


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90019 033 \*\*\*150.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1210 Salt Marsh Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orange Park, FL	
Zip	Country	Zip	Country
		32003	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, ROBERT C 2043 HAWKCREST DRIVE EAST JACKSONVILLE, FL 32259		Name Street Address (P.O. Box Number is Not Acceptable) 1210 Salt Marsh Lane City Orange Park FL Zip Code 32003	
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 _____ <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOHNSON, ROBERT C 2043 HAWKCREST DRIVE EAST JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1210 Salt Marsh Lane Orange Park, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robert C Johnson</i>		Robert C Johnson President Date: 1/16/08 Daytime Phone #: 904-269-9213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			