## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL KEPUKI					Secretary or State			
DOCUMENT. # P00000052489					01-16-2008	3 90019 0 <b>33 ***</b> 1	50.00	
1. Entity Name ROBERT JOHNSON INSURANCE, INC.								
	ooo	•						
Principal Place of Business		Mailing Address						
1750 A1A SOUTH		2043 HAWKCREST DRIVE	EAST					
ST AUGUSTINE, FL 32080		JACKSONVILLE, FL 32259	9					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1210 Salt Ma	ach la	0  0	<b>  13</b>     10    13    10    17	18 5  Bi  6   6   1 08  LB  8	HILL II HILL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-P	CR2E034 (12/06)		
City 9 State		City & State		4. FEI Numb			plied For	
City & State		City & State Park	FL	59-364		<del></del>	at Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Add		
	ی د	32003	USA			Fee Require	d	
6. Nam	e and Address of Current Reg	Jistered Agent	Name	7. Name and	Address of New F	tegistered Agent		
JOHNSON, ROBERT C					i- Ni A	-\		
2043 HAWKCREST JACKSOÑVILLE, FI	dress (P.O. Box Numb	6 h Lan	<u> </u>					
570,000 FYILL 52250								
Ocange				0 v		FI Zip Cod	e	
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 according to the control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the control of the con							and accept	
the obligations of regis		o parpoor or analysing no re	giotoro di controlo di					
SIGNATURE								
Signature, type	d or printed name of registered agent and t	ille n'applicable (NOTE: R	egistered Agent signat:	ire required woen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.				<b>\$5.00</b> May Be				
	8 Fee will be \$550.00	Trust Fund Contrib	ution.	Added to Fees				
10. OFFICERS AND		RECTORS	11.	ADDITIONS	L /CHANGES TO OFF	TICERS AND DIRECTOR	S IN 11	
TITLE PSTD		☐ Delete	TITLE .			Change	Addition	
1	N, ROBERT C		NAME	10 12 O -	Lane			
STREET ADDRESS 2043 HAWKCREST DRIVE EAST OUTY-ST-ZIP JACKSONVILLE, FL 32259			STREET ADDRESS CITY-ST-ZIP	1210 Salt Ma Orange Par	1 E 1 2 °	2003		
TITLE	1441222,12 02200	☐ Delete	TITLE	Cange las	N 1 C 0 2	☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME			_		
STREET ADDRESS			STREET ADDRESS CITY+ST-ZIP					
CITY-ST-ZIP			■ 0111131-716	l .				

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

title Name

STREET ADDRESS

CITY-ST-ZIP

ATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

President

904-269-9213 Dayline Phone #

Change

Addition