2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 SEP -8 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08262004 Chg-P CR2E034 (10/03) MPS

DOCUMENT # P02000123425

1. Entity Name
THE JOHNSTON LAW FIRM, P.A.

Principal Place of Business	Mailing Address
1679 METROPOLITAN CIR TALLAHASSEE, FL 32308	1679 METROPOLITAN CIR TALLAHASSEE, FL 32308

2. Principal Place of Business: 1530 Colonial DR	3. Mailing Address: 1530 Colonial DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 7
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 / Country	Zip: 32303 / Country

4. FEI Number: 05-0540615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, CHRISTOPHER D
1689 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Christopher Johnston
Street Address (P.O. Box Number is Not Acceptable): 1530 Colonial DR
City: Tallahassee FL **FL** Zip Code: 32308

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: 9/7/4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, CHRISTOPHER D	NAME	000041129180
STREET ADDRESS	~~1679 METROPOLITAN CIRCLE~~ PO Box 14121	STREET ADDRESS	09/17/04--01076--017 **150.00
CITY-ST-ZIP	TALLAHASSEE, FL ~~32308~~ 32317	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ____ 9/7/4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #