


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 017 ***150.00

DOCUMENT # P03000052711 1. Entity Name E&L JOHNSTON INVESTMENTS, FLORIDA, INC.					
Principal Place of Business 6844 SW 14TH ST. PEMBROKE PINES, FL 33023			Mailing Address 6844 SW 14TH ST. PEMBROKE PINES, FL 33023		
2. Principal Place of Business - No P.O. Box # 1221 BRISTOL AVE		3. Mailing Address 1221 BRISTOL AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DAVIE, FL		City & State DAVIE, FL			
Zip 33325		Country USA		Zip 33325	
Country USA		4. FEI Number 30-0199621			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSTON, LYNNE A 6844 SW 14 STREET PEMBROKE PINES, FL 33023			7. Name and Address of New Registered Agent Name JOHNSTON, LYNNE A. Street Address (P.O. Box Number is Not Acceptable) 1221 BRISTOL AVE City DAVIE FL Zip Code 33325		
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 <u><i>Lynne A Johnston</i></u> DATE <u>3-19-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P JOHNSTON, EARL W 6844 SW 14 STREET PEMBROKE PINES, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, EARL W 1221 BRISTOL AVE DAVIE, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, LYNNE A 6844 SW 14 STREET PEMBROKE PINES, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, LYNNE A 1221 BRISTOL AVE DAVIE, FL 33325	
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	
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	
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	
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: <u><i>Lynne A Johnston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-19-08 954-473-0761 <small>Date Daytime Phone #</small>		