

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 035 \*\*\*150.00

DOCUMENT # P03000134404

1. Entity Name

JOHNSTON PAINTING, INC.



Principal Place of Business

225ND ST, S  
LAKE HAMILTON FL 33851

Mailing Address

POB 213  
LAKE HAMILTON FL 33851



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-0447771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, ~~GLENN~~ *Glenda*  
POB 213  
LAKE HAMILTON FL 33851

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D**  
NAME: JOHNSTON, GLENN  
STREET ADDRESS: POB 213  
CITY, ST, ZIP: LAKE HAMILTON FL 33851 ☒ Delete

TITLE: **VP**  
NAME: *Amy H. Beatty*  
STREET ADDRESS: *1027 Meadow Pointe Rd.*  
CITY, ST, ZIP: *Lakeland FL 33811* ☐ Change ☒ Addition *V.P.*

TITLE: **OM**  
NAME: JOHNSTON, GLENDA  
STREET ADDRESS: POB 213  
CITY, ST, ZIP: LAKE HAMILTON FL 33851 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:   
☐ Change ☐ Addition

TITLE: **VP**  
NAME: HUTCHINS, TIMOTHY  
STREET ADDRESS: POB 213  
CITY, ST, ZIP: LAKE HAMILTON FL 33851 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Glenda Johnston*

*1-18-2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #