


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000000832

1. Entity Name
JOHNSTON TRUCKING, INC.



Principal Place of Business Mailing Address

705 JANA DRIVE **705 JANA DRIVE**
TITUSVILLE, FL 32780 **TITUSVILLE, FL 32780**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0492445 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSTON, JAN S
705 JANA DRIVE
TITUSVILLE, FL 32780

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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 _____
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JOHNSTON, JAN S
STREET ADDRESS	705 JANA DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VPD
NAME	JOHNSTON, BARBARA J
STREET ADDRESS	705 JANA DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/06-80009-005 150.00

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: Jan S. Johnston **JAN S. JOHNSTON** 4/15/06 321-536-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #