

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051911

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** CHARLES P JOHNSON INSURANCE, INC.

**Current Principal Place of Business:**

1209 BLANDING BLVD  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

1209 BLANDING BLVD  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 20-2426063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, CHARLES P  
1209 BLANDING BLVD  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JOHNSON, CHARLES P  
Address: 1209 BLANDING BLVD  
City-St-Zip: ORANGE PARK, FL 32065

Title: VP  
Name: JOHNSON, KEITH  
Address: 1684 NORTH GLEN CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES P. JOHNSON

DIR

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date