

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90017 020 \*\*\*150.00

<b>DOCUMENT # P04000060671</b>																																																																																																																																			
<b>1. Entity Name</b> HELENE JOHNSTON, P.A.																																																																																																																																			
<b>Principal Place of Business</b> 1420 GONDOLA PARK DRIVE VENICE, FL 34292			<b>Mailing Address</b> 1420 GONDOLA PARK DRIVE VENICE, FL 34292																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 797 Tartan Drive		<b>3. Mailing Address</b> Same as #2																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Venice FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 68-0584748																																																																																																																															
<b>Zip</b> 34293-0300		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  JOHNSTON, HELENE 1420 GONDOLA PARK DRIVE VENICE, FL 34292			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 797 TARTAN DR City VENICE FL Zip Code 34293-0300																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <i>Helene Johnston</i> <i>HELENE JOHNSTON</i> 3-31-07 941-486-8224																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																			