2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000150796

L. Entity Name

J & D JOHNSTONS, INCORPORATED



FILED Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

BUNNELL, FL 32110 US

Mailing Address

P. O. BOX 2551

P. O. BOX 2551

BUNNELL, FL 32110 US

No Chg-P

CR2E034 (11/05)

02172006

4. FEI Number 02-0732887 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIANI, ANN G 308 PALM CIRCLE FLAGLER BEACH, FL 32136

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title it explicable. NOTE: Registered Agent signature required when reintribution DATE FILE NOW!!! FEE 13 \$150.00			1				
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee with be \$550.00 Trust Fund Contribution. G. OFFICERS AND DIRECTORS OFFICERS	the obligat	tions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. Lam familiar with, and accept	
After May 1, 2006 Fee with be \$550.00 Trust Fund Contribution. Added to Fees ##################################			applicable. NOTE Registered Age:	t algnature	requited when reinstating)	DATE	
TITLE NAME JOHNSTON, JENNIFER L 308 PALM CIRCLE FLAGLER BEACH, FL 32136 TITLE VP JOHNSTON, DANIEL C III 308 PALM CIRCLE STRIET ADDRESS STRIET ADDRESS STRIET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE STRIET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE	FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000543377	
JOHNSTON, JENNIFER L 308 PALM CIRCLE FLAGLER BEACH, FL 32136 TITLE VP JOHNSTON, DANIEL C III 308 PALM CIRCLE FINANE STRIET ADDRESS CITY-ST-ZIP TITLE RAME STRIET ADDRESS CITY-ST-ZIP TITLE RAME STRIET ADDRESS CITY-ST-ZIP TITLE RAME STRIET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE THE STRIET ADDRESS CITY-ST-ZIP THE STRIET ADDRESS CITY-ST-ZIP THE STRIET ADDRESS CITY-ST-ZIP THE STRIET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE	10.	OFFICERS AND DIREC	TORS			<u> </u>	
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12. I hereby certify that the information supplied with this filling 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 path; 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 officer like ampowered.

SIGNATURE:

HAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Care

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