

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055556

FILED
May 15, 2008
Secretary of State

Entity Name: LEON JOHNSTON TILE AND REPAIRS, INC

Current Principal Place of Business:

432 CEDAR AVE.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

432 CEDAR AVE.
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 26-1822469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSTON, LEON
Address: 432 CEDAR AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SECT () Delete
Name: JOHNSTON, JEREMY
Address: 432 CEDAR AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: TRES () Delete
Name: JOHNSTON, LINDA
Address: 432 CEDAR AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEON JOHNSTON

Electronic Signature of Signing Officer or Director

OWNE

05/15/2008

Date