

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017626

FILED
Jul 03, 2008
Secretary of State

Entity Name: JOHNSTON AND TOWNS INSURANCE AND INVESTMENT BROKERS, INC.

Current Principal Place of Business:

445 DOUGLAS ACE
STE 1305
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

227 S. ORLANDO AVE.
STE B 2
WINTER PARK, FL 32789

Current Mailing Address:

445 DOUGLAS ACE
STE 1305
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

227 S. ORLANDO AVE.
STE B 2
WINTER PARK, FL 32789

FEI Number: 35-2289989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, THOMAS L
1201 FOREST CIR
ALTAMONTE SPRINGS, FL 32714 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, THOMAS L
Address: 1201 FOREST CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Delete
Name: TOWNS, DEBORAH
Address: 9060 SUMMIT CENTRE WAY - APT 303
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS L. JOHNSTON

P

07/03/2008

Electronic Signature of Signing Officer or Director

Date