

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127353

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** BARBARA CHRISTIE JOHNSTON, P.A.

**Current Principal Place of Business:**

50 N. LAURA ST., STE. 3300  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

50 N. LAURA ST., STE. 3300  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 26-1499058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSTON, BARBARA C.  
50 N. LAURA ST., STE. 3300  
JACKSONVILLE, FL 32202 US

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

JOHNSTON, BARBARA C.  
50 N. LAURA ST., STE. 3300  
JACKSONVILLE, FL 32202 US

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: BARBARA C. JOHNSTON

02/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: JOHNSTON, BARBARA C  
Address: 50 N LAURA ST STE 3300  
City-St-Zip: JACKSONVILLE, FL 32202

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: BARBARA C. JOHNSTON

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date