

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050738

FILED
Mar 02, 2011
Secretary of State

Entity Name: JOHNSTON INSURANCE GROUP, INC.

Current Principal Place of Business:

5 WINDING RIDGE RD
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 180609
CASSELBERRY, FL 327180609 US

New Mailing Address:

FEI Number: 26-2655745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, JOHN C IV
5 WINDING RIDGE RD
CASSELBERRY, FL 32707 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

OFFICERS AND DIRECTORS:

Title: P
Name: JOHNSTON, JOHN C III
Address: PO BOX 180609
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: VP
Name: JOHNSTON, JOHN C IV
Address: PO BOX 180609
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: S
Name: JOHNSTON, LINDA L
Address: PO BOX 180609
City-St-Zip: CASSELBERRY, FL 327180609 US

Title: T
Name: JOHNSTON, LINDA L
Address: PO BOX 180609
City-St-Zip: CASSELBERRY, FL 327180609 US

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: JOHN C. JOHNSTON III

P

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date