

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057458

Entity Name: KJOHN INC.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

911 RIO SAINT JOHNS DRIVE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

5640 TIMUQUANA ROAD  
6  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

911 RIO SAINT JOHNS DRIVE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number: 45-2680484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HACKETT, KEVIN  
911 RIO SAINT JOHNS DRIVE  
JACKSONVILLE, FL 32211 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: PTSD  
Name: HACKETT, KEVIN  
Address: 911 RIO SAINT JOHNS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211 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: KEVIN J. HACKETT

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date